



**USAID**  
FROM THE AMERICAN PEOPLE



# USAID Kenya (APHIAplus Nuru ya Bonde) Quarterly Progress Report January – March 2015



*Girls from Olekuseroi Primary School receive training on re-usable sanitary pads*

**Date of submission: May 18, 2015**

# USAID KENYA (APHIAplus Nuru ya Bonde)

**APHIAplus Nuru ya Bonde**  
**FY 2015 Q2 Progress Report**  
(01 January – 31 March 2015)

Award No: 623-A-11-00007

Prepared for Dr. Isabella Yonga  
United States Agency for International Development/Kenya  
C/O American Embassy  
United Nations Avenue, Gigiri  
P.O. Box 629, Village Market 00621  
Nairobi, Kenya

Prepared by

Family Health International (FHI 360)  
The Chancery, 2<sup>nd</sup> Floor  
P.O Box 38835-00623, Valley Road  
Nairobi, Kenya

The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## Table of Contents

ACRONYMS AND ABBREVIATIONS .....	IV
I. APHIAPLUS NURU YA BONDE EXECUTIVE SUMMARY .....	VI
II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT) .....	12
III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT) .....	62
IV. CONSTRAINTS AND OPPORTUNITIES .....	62
V. PERFORMANCE MONITORING .....	62
VI. PROGRESS ON GENDER STRATEGY .....	66
VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS .....	67
IX. PROGRESS ON LINKS WITH GOK AGENCIES .....	67
X. PROGRESS ON USAID FORWARD .....	67
XI. SUSTAINABILITY AND EXIT STRATEGY .....	67
XII. GLOBAL DEVELOPMENT ALLIANCE .....	68
XIII. SUBSEQUENT QUARTER'S (JAN-MAR 2015) WORK PLAN .....	68
XIV. FINANCIAL INFORMATION .....	72
XV. ACTIVITY ADMINISTRATION .....	74
XVI. INFORMATION FOR ANNUAL REPORTS ONLY .....	74
XVII. GPS INFORMATION .....	75
XVIII. SUCCESS STORIES & PREP SHEETS .....	79
XIX. ANNEXES AND ATTACHMENTS .....	81

## List of Figures

FIGURE 1: NINE MONTH HEI COHORT ANALYSIS .....	27
FIGURE 2: FP REPORTING RATES BY COUNTY OCT 2014 TO MAR 2015 .....	35
FIGURE 3: LAIKIPIA TB DETECTION AND LINKAGE TO CARE .....	36
FIGURE 4: 1ST ANC ATTENDANCE IN NAKURU COUNTY .....	39
FIGURE 5: OVC CARE AND TREATMENT STATUS .....	56
FIGURE 6: CSI DATA ON PROTECTION .....	59
FIGURE 7: CSI DATA ON SHELTER AND EDUCATION PERFORMANCE .....	59
FIGURE 8: PERFORMANCE MONITORING OF SELECTED INDICATORS .....	63
FIGURE 9: DHIS MOH 731-2 PMTCT REPORTING RATES .....	64
FIGURE 10: CONSISTENCY SCORES OF 50 MOH 731 INDICATORS ON DHIS AND HARD COPY .....	64
FIGURE 11: OVC REPORTING RATES .....	65
FIGURE 12: HC REPORTING RATES .....	65
FIGURE 13: CPWP REPORTING RATES .....	66
FIGURE 14: OBLIGATIONS VS. CURRENT AND PROJECTED EXPENDITURES .....	72

## Acronyms and Abbreviations

ADT	-	ARV Dispensing Tool
ASDSP	-	Agriculture Sector Development Support Program
IPD	-	In-Patient Department
IPs	-	Local Implementing Partners
KQMH	-	Kenya Quality Model for Health
LVCT	-	Liverpool Care and Treatment
OPD	-	Outpatient Department
PMT	-	Project Management Team
PPMP	-	Project Performance Monitoring Plan
AAC	-	Area Advisory Committee
AMTSL	-	Active Management of Third Stage of Labour
ANC	-	Ante Natal Care
APHIAplus	-	AIDS Population & Health Integrated Assistance Project <i>People Centered, Leadership, Universal access, Sustainability</i>
ART	-	Antiretroviral Therapy
ARV drugs	-	Antiretroviral drugs
BEmONC	-	Basic Emergency Obstetrics and Newborn Care
CCC	-	Comprehensive Care Centre
CD4	-	Cluster of Differentiation 4
CDC	-	Centre for Disease Control
CHMT	-	County Health Management Team
CHV	-	Community Health Volunteer
CHW	-	Community Health Worker
CME	-	Continuous Medical Education
CPwP	-	Community Prevention with Positives
CYP	-	Couple Year of Protection
DBS	-	Dried Blood Spot
DHIS	-	District Health Information System
DIC	-	Drop in Centre
DQA	-	Data Quality Audit
EBI	-	Evidenced-Based Intervention
EID	-	Early Infant Diagnosis
EMR	-	Electronic Medical Records
eMTCT	-	elimination of Mother to Child Transmission of HIV
EQA	-	External Quality Assurance
FHI 360	-	Family Health International
FP	-	Family Planning
FSW	-	Female Sex Worker
GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
HCP	-	Health Care Provider
HCT/HTC	-	HIV Counseling and Testing
HCW	-	Health Care Worker
HEI	-	HIV Exposed Infant
HES	-	Household Economic Strengthening
HH	-	Household
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMT	-	Health Management Team
HRIO	-	Health Records Information Officer
ICF	-	Intensive Case Finding
IGA	-	Income Generation Activity
I-TECH	-	International Training & Education Centre for Health
IUCD	-	Intrauterine Contraceptive Device
JFFLS	-	Junior Farmer Fields and Life Skills
JWP	-	Joint Work Plan
KEMSA	-	Kenya Medical Supplies Agency
NHRL	-	National HIV Reference Laboratory
KePMS	-	Kenya Program Monitoring System
KMMP	-	Kenya Mentor Mothers Program

LIP	-	Local Implementing Partner
M&E	-	Monitoring and Evaluation
MARPs	-	Most at Risk Populations
MDT	-	Mentorship Development Team
MNCH	-	Maternal Newborn and Child Health
MOH	-	Ministry of Health
MPDR	-	Maternal and Perinatal Death Review
MSM	-	Men who have Sex with Men
MSW	-	Male Sex Worker
MUAC	-	Mid Upper Arm Circumference
NACS	-	Nutritional assessment Counseling and Support
NASCOP	-	National AIDS and STI Control Program
NHIF	-	National Hospital Insurance Fund
OI	-	Opportunistic Infection
OJT	-	On-the-Job-Training
OLMIS	-	OVC Longitudinal Management Information System
ORT	-	Oral Rehydration Therapy
OVC	-	Orphans and Vulnerable Children
PEP	-	Post-Exposure Prophylaxis
PEPFAR	-	President's Emergency Plan For AIDS Relief
PGH	-	Provincial General Hospital
PITC	-	Provider Initiated Testing & Counseling
PLHIV	-	People Living with HIV
PMTCT	-	Prevention of Mother-to-Child Transmission
PRC	-	Post Rape Care
PRP	-	Performance Reimbursement Plan
QA/QI	-	Quality Assurance/Quality Improvement
QIT	-	Quality Improvement Teams
RDQA	-	Routine Data Quality Assessment
RH/FP	-	Reproductive Health/Family Planning
RRI	-	Rapid Results Initiative
RTK	-	Rapid HIV Test Kit
S2S	-	Sister to Sister EBI
SCHMT	-	Sub County Health Management Team
SCHRIO	-	Sub County Health Records and Information Officer
SDH	-	Social Determinants of Health
SGBV	-	Sexual and Gender Based Violence
SILC	-	Savings and Internal Lending Communities
SIMS	-	Site Improvement through Monitoring System
SLMTA	-	Strengthening Laboratory Management Toward Accreditation
SOP	-	Standard Operating Procedure
SOP	-	Standard Operating Procedure
STI	-	Sexually Transmitted Infection
SW	-	Sex Workers
TB	-	Tuberculosis
TQA	-	Technical Quality Assessment
USAID	-	United States Agency for International Development
USG	-	US Government
VCT	-	Voluntary Counseling and Testing
VL	-	Viral Load
VMMC	-	Voluntary Medical Male Circumcision
WASH	-	Water Sanitation and Hygiene
WHO	-	World Health Organization

## **I. APHIAplus NURU YA BONDE EXECUTIVE SUMMARY**

APHIAplus Nuru ya Bonde is a five-year program whose goal is to improve health outcomes and impacts through sustainable country-led programs and partnerships. Specifically the project aims to increase the use of quality services, products and information; and to address social determinants of health to improve the wellbeing of targeted communities and population in five out of the 14 counties in Rift Valley Province, namely Baringo, Nakuru, Narok, Laikipia and Kajiado. The project is currently in the fifth year of implementation. This report highlights the achievements of the second quarter (January – March) 2015.

**County Quarterly Review Meeting:** Five counties held quarterly performance review meeting for the quarter ending December 2014. There was steady improvement in performance of most indicators across all technical areas. However, emphasis was laid on the need to address data variance and gaps between Kenya Program Monitoring System (KePMS) and District Health Information System (DHIS 2) and to improve linkage to HIV care after testing.

**Local Implementing Partner Organizations (LIPs) Quarterly Performance Review:** The project team held quarterly performance and feedback meetings with all implementing partners for the period October – December 2014. Most LIP had improved in their data analysis and presentation skills following individual capacity building sessions with APHIAplus technical team. The meetings discussed the need for LIP to utilize data generated from OVC Longitudinal Management Information System (OLMIS) to serve all Orphans and Vulnerable Children (OVC) registered in the project and use the information for decision making. Based on the success and lessons learnt from the successful rollout of Performance Monitoring Charts (PMC) as a means of promoting data use in health facilities, PMC were shared with partners to enable them effectively monitor/track performance of poorly performing indicators over a period and observe changes and develop action plans for improvement. Data use handbooks were also shared with all the LIPs to facilitate this process.

**Sub-Agreement amendments:** During the reporting period, 22 Implementing Partner (IP) sub-agreements were amended to extend the period of performance from March 2015 to October 2015 and obligate additional funds for activity implementation until May 2015. The technical officers supported the review of Scopes of work to ensure their alignment to overall FY15 project work plan.

**Development of 2015 Joint Work Plans (JWPs) with MOH:** The project held joint work planning meetings with various County, Sub County and Hospital Management Teams for 2015. The meeting also reviewed the performance in 2014 and prioritized activities for FY15 based on MOH priorities and PEPFAR priority areas for 2015. At CHMT level, Joint Work Plan (JWP) support was geared towards coordination of HIV service delivery, health system strengthening and support supervision activities. In total, seventy three (73) JWPs have been developed covering CHMTs, SCHMTs, hospitals, health centres and dispensaries across all five counties. This collaboration between the project and MOH has resulted in improved performance, quality and timely data reporting and improved quality of service delivery.

**Monitoring of LIP activities and Technical support:** During the quarter under review, the project staff carried out routine support supervision visits to all the LIP to provide on-site regular technical support. During these visits, system upgrades were made to community Prevention with Positive (CPwP) and OLMIS system which incorporated data quality improvement/assurance features.



## **A. Qualitative Impact**

**OVC LIPs quality assessment:** During the reporting period, the project conducted OVC LIP performance visits focusing on key program areas using a standard OVC Supervision Checklist. The assessment sought to establish the quality of technical performance and data management across partners with a view to inform improvement actions. The implementing partners scored well on data use and analysis, leveraging for education support to address education barriers and availability of SOPs. However, some of the identified gaps included internalization of SOPs, transitioning of older OVC, and updating of OVC benefitting from scholarships in OLMIS. Each IP developed an action plan to address the identified gaps.

**Community Health Volunteers/Area Advisory Committee Training:** In collaboration with the Government of Kenya (GOK) staff, the project trained 191 Community Health Volunteers (CHV) from Kuresoi South, Kuresoi North, Nakuru Central, lower Subukia and Gilgil- Kiptangwany for three days on OVC Care and support services, CPwP services, child protection services and reporting tools. The CHV will recruit OVC in the next quarter. In addition, 31 location Area Advisory Committee (AAC) members were also trained; they are expected to take lead in child protection services.

**Beyond Zero Campaign:** The project team collaborated with the County Government of Laikipia during the launch of the Beyond Zero campaign by her Excellency the First Lady, Mrs. Margaret Kenyatta. APHIPlus project was recognized as the key health services delivery partner for the County; project representative gave a speech on behalf of all other partner organizations. The project coordinated and supported HIV Testing and Counseling (HTC) during the event.

**LIP orientation:** A total of 12 project staff and 10 SILC agents from two implementing partners in Laikipia County were given refresher training during a three-day training workshop. Each IP developed an action plan covering the next six months in order to increase participation of OVC household (HH) in HH Economic Strengthening.

**Representation at Meetings:** During the quarter under review, a project representative attended a meeting organized by CDC Kenya to review the SLMTA e-tool, a PEPFAR implementing partners TB/HIV quarterly meeting convened by TB ARC and the National TB program and a Laboratory Mentorship workshop organized by CLSI and CDC Kenya.

## B. Quantitative Impact

Below is a summary of progress towards the achievement of the Project Performance Monitoring Plan (PPMP) targets for year five of implementation. Details are provided in Section III of the report.

Table 1: Project Performance Summary

Output	Indicator	Baseline	Year 2015 Target	2015 Quarterly Achievements		Cumulative Year Achievements					Percentage (%) Achieved vs Year 2015
				Oct-Dec 2014	Jan-Mar 2015	2015	2014	2013	2012	2011	
Improved facility reporting rates in PMTC	Improved facility reporting rate in PMTC.	85%	95%	90%	88%	89%	92%	88%	84%	96%	86%
Individuals receiving testing and counseling services for HIV and receiving their test results through different types of models at community and facility level	P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and results at facility level	800000	300000	141857	143471	285328	387469	420566	411890	577337	95%
Pregnant women tested for HIV and received their results	P.1.1.D Number of pregnant women with known HIV status (includes women who tested for HIV and received their results)	96000	153000	31793	32350	64143	104559	121930	130049	152275	42%
HIV positive pregnant women receive ARV to reduce the risk of mother child transmission	P.1.2. D Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission	80%	90%	90%	95%	93%	97%	111%	112%	221%	99%
HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	P1.5.D Number of HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	80%	89%	83%	98%	91%	114%	74%	47%	272%	102%
Health facilities providing virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	C4.3.N Percentage of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	10%	75%	57%	65%	65%	57%	69%	100%	127%	76%
Infants born to HIV infected mothers receiving prophylaxis to reduce MTCT	C4.2.D Percentage of infants born to HIV infected mothers who receive prophylaxis to reduce MTCT	65%	90%	86%	91%	89%	76%	157%	116%	80%	93%
Infants born to HIV infected mothers who are not infected.	P1.7.N Proportion of infants born to HIV infected mothers who are not infected	88%	95%	93%	94%	94%	92%	91%	90%	93	49%



Output	Indicator	Baseline	Year 2015 Target	2015 Quarterly Achievements		Cumulative Year Achievements					Percentage (%) Achieved vs Year 2015
				Oct-Dec 2014	Jan-Mar 2015	2015	2014	2013	2012	2011	
HIV positive adults and children receiving a minimum of one clinical care service	C2.1D Number of HIV positive adults and children receiving a minimum of one clinical care service ( by age< 15, 15+ and sex)	58000	45333	38320	41413	41413	39494	31244	17466	78122	90%
Adults with advanced HIV infection receiving ART	T1.4 D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	27283	50888	48343	50494	50494	45585	41036	34670	31957	94%
Adults and children with advanced HIV infection newly enrolled on ART	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART by age(<1,<15,15+), sex and pregnancy status	5396	6702	2404	2263	4667	5507	4707	4536	4994	67%
Couple Years of Protection	Couple Years of Protection	0	0	40349	53830	94179	122367	126303	141582	111808	N/A
Pregnant women make 1st ANC visits	Number of pregnant women who made 1st ANC visits	127404	163710	26599	27089	53688	89139	101907	113101	107134	33%
Women attending at least 4 ANC visits	Number of women attending at least 4 ANC visits	41625	45000	13835	12681	26516	37705	41350	41354	36374	59%
Deliveries by skilled birth attendants	Number of deliveries by skilled birth attendants	54272	60000	19592	18837	38429	55904	61092	60893	62400	0%
Vitamin A supplementation coverage increased	Percentage of children under 5 years of age who received Vitamin A from USG supported programs	70%	120000	11487	24277	35764	113571	207739	276314	313110	30%
Children under 12 months of age received DPT3	Number of Children under 12 months of age who received DPT3	800000	120000	31531	31143	62674	98558	114479	144500	112383	52%
Intended groups reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards	P8.1 D Number of intended groups reached with individuals and /or small groups level interventions based on /or evidence and /or meet the minimum standards	130000	0	4066	12231	16297	146463	152732	34626	50558	N/A

Output	Indicator	Baseline	2015 Quarterly Achievements			Cumulative Year Achievements					Percentage (%) Achieved vs Year 2015
			Year 2015 Target	Oct-Dec 2014	Jan-Mar 2015	2015	2014	2013	2012	2011	
MARPS (CSW, MSM, youth, PLHIV ) reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards	P8.3 D Number of MARPS reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards (CSW,MSM)	40000	48300	852	771	1623	14765	4581	4314	16051	0%
People living with HIV / AIDS reached with a minimum package of PWP interventions	P7.1D Number of people living with HIV/AIDS reached with a minimum package of PWP interventions	5000	17000	38003	41413	39180	13249	33590	9085	103	230%
Males circumcised as part of minimum package of MC for HIV prevention services	Number of males circumcised as part of minimum package of MC for HIV prevention services	0	2018	4914	546	5460	2886	2959	15	74	200%
Vulnerable households supported to access economic livelihood and eligible adults and children provided with economic strengthening service	C5.7.D Number of eligible adults and children provided with economic strengthening service	3761	15000	11286	14201	14201	11009	11866	2876	3266	95%
Vulnerable households provided with basic food package	Number of vulnerable households provided food and nutrition education	0	10000	16069	11829	11829	24762	30822	21928	6977	161%
Households with hand washing facilities	Percentage of households with hand washing facilities			87%	86%	87%		73%	100777	0	0%
Households with safe water storage facility at point of use	Percentage of households treating water	20%	75%	84%	86%	85%	31%	69%	Survey	0	113%

### **C. Constraints and Opportunities**

The project reduced the intensity of implementation in non-PEPFAR focus counties as per USAID advice on 18+1 counties with high disease burden. Insecurity in East Pokot restricted project staff movement in that region.

### **D. Subsequent Quarter's Work Plan**

In the subsequent quarter, the project will continue supporting health facilities, counties and sub counties to improve the delivery of quality HIV/MNCH/RH/FP services. In OVC service delivery, the project will continue to focus on training CHV carrying out OVC and CPwP activities, support supervision visits, quality improvement activities, data quality assessments and strengthening linkages and effective referrals among key stakeholders.

In addition, the project's staff at the county level will focus on strengthening the capacity of LIPs on quality improvement to ensure sustainable delivery of quality services to the OVC; monitoring the implementation of the JWPs; and monitor the implementation of EmONC activities. The project will continue to provide technical assistance to health facilities and sub county health managers to continue delivering quality services as well as collect, analyze and submit quality data. Technical assistance will focus on the following areas: quality assurance of services, increasing the level of patient monitoring using viral load, maintain the standard of HAART in pregnant women. Special focus will be on pediatric treatment uptake by improving identification of children who should be on treatment and ensure prompt initiation of children who qualify for treatment. The project will continue to implement BEmONC in Kajiado, Narok and Baringo counties. In addition, the project will sustain efforts to track defaulters. In addition, the project will continue to reach young women aged 15-24 years with HIV prevention interventions using standard Evidenced Based Interventions (EBI) and improving quality of services to OVC. A detailed work plan for the next quarter is presented in Section XIII of this report.

## II. KEY ACHIEVEMENTS (Qualitative Impact)

### 3.0 CONTRIBUTION TO HEALTH SERVICE DELIVERY

#### RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS, AND INFORMATION

##### RESULT 3.1: Increase Availability of an Integrated Package of Quality High-Impact Interventions at Community and Health Facility Level

###### 3.1.1 Improved capacity of public sector facilities to provide a reliable and consistent high quality package of high impact interventions at community, dispensary, health centre, and district health levels (levels 1-4)

In this reporting period, the Multi-Disciplinary Teams (MDT) provided mentorship to health service providers on various pertinent topics such as rapid advice on the management of HIV/AIDS, use of Highly Active Anti-Retroviral Therapy (HAART) for prevention of mother to child transmission of HIV, Nutritional assessment Counseling and Support (NACS), Basic Emergency Maternal Obstetric and Neonatal care (BEmONC) and documentation on Maternal Neonatal and Child Health (MNCH) data tools. Through these activities, 431 Health Care Workers (HCW) were mentored, 175 oriented and 490 reached through CME, all undertaken with a view to improving their capacity to provide quality health services.

**Baringo County:** The project provided integrated mentorship on MNCH, ART, Lab/Pharmacy and HTC/SGBV assessments at 35 high volume facilities and dispensaries within the county. A total of 127 HCW were mentored on various service areas including nutrition, the revised care and treatment/PMTCT guidelines, HEI follow up, post-natal care and TB management. On job training on cervical cancer (CaCx) screening was conducted and two services providers given skills update in Tenges HC.

**Kajiado County:** During this reporting period, the project supported CMEs on a variety of subjects including Gene X-pert testing, the new rapid advice for HIV patient management, PMTCT and ART updates and TB-HIV integration, reaching 102 HCWs. In addition, mentorship on documentation and patient care using the rapid advice for ART care was done at six sites. Four other sites were mentored on NACS. Job aids and guidelines as well as documentation and reporting tools, were distributed to facilities that needed them. These tools included the Rapid Advice on ART management, MOH 257, CCC Daily Activity Registers, Intensified Case Finding for TB tools, appointment diaries, Pre-ART registers and nutrition related tools.

**Laikipia County:** To improve health service delivery in health facilities, the project and MOH conducted joint support supervision and clinical mentorship in 23 facilities and distributed 382 assorted job aids and Standard Operating Procedures (SOP). The team also carried out Technical Quality Assessments (TQA) at seven facilities in Laikipia West and Nyahururu. Staffing shortfalls, infrastructural gaps and inter-facility staff changeover were the main gaps identified; the gaps were adversely affecting service delivery. These gaps were shared with Rumuruti SDH DMOH, which was most affected. The County AIDS STI Coordinator (CASCO) has been involved in discussions to address these gaps.

The project continued to strengthen HTC services by supporting five sessional HTC counselors in four facilities. Four facilities were also supported to continue having mentor mothers with the aim of streamlining PMTCT services. To scale up HIV services and patient care, two facilities (Nanyuki TRH and Ndindika HC) were supported with two clinicians in their CCCs. To further operationalize

Electronic Medical Records (EMR), the project supported three high volume facilities with temporary data clerks to upload historical patient's data.

**Nakuru County:** During the quarter in review, the MDT provided targeted mentorship to 224 HCW at 46 facilities on New ART guidelines, continuous quality improvement, utilization of viral load results in client management, Gene X-pert utilization, Nutrition and IMAM, pharmacovigilance, commodity inventory management and BEmONC. In addition, 115 service providers were given orientation on various technical areas and another 76 were reached through CMEs. The project continued to support the MOH in strengthening linkage and enrollment in 22 high volume facilities in the county through placement of 47 PITC counselors. Viral load testing was prioritized in 44 ART sites and 3,474 samples were taken to the laboratories for processing. A further eight sites were facilitated to conduct Gene X-pert sample collection and transportation bringing the number of sites with this capacity to 19 from the previous 11. Moving forward, there will be an increase in the number of HIV-Positive patients diagnosed with TB and subsequently put on treatment. The project supported defaulter tracing in targeted sites through facilitating support group meetings and provision of airtime to call defaulters at 18 facilities. The client retention rate at 12 months stands at 76% in seven selected sites.

**Narok County:** During the quarter under review, the project MDT continued to provide technical support to the existing five functional facilities Quality Improvement Teams (QIT) to enhance quality improvement at respective facilities. The project provided resources to facilitate five QIT meetings in which follow up actions plans on the QI indicators were developed. Tied to this, relevant reference materials including current ART and PMTCT, guidelines were distributed to 40 facilities in Narok North and South sub-counties. A total of eight orientations were also conducted on service integration, proficiency testing, BEmONC, revised ART guidelines and NACS; 60 HCW were reached. A further 312 HCW were reached through CME and 80 through on-site mentorship. The mentorship focused on the use of the EMR systems as a point of care, service integration, use of HAART for PMTCT, implementation of the revised ART guidelines, commodity management and MNCH.

### **3.1.2 Increased capacity of district health management teams to plan and manage service delivery**

The project jointly with MOH executed activities planned for under the joint work plans (JWP) with the five CHMT, 25 SCHMT and 33 HMTs. All the JWP were amended to allow for implementation until April 2015. The JWP were aimed at facilitating health managers to coordinate health care services at the county and sub county level while facility JWP provided resources and technical assistance to improve service delivery within high volume facilities and a few select low volume facilities.

**Baringo County:** The program continued to provide technical assistance in development of 16 Joint Work Plans (JWPs) activities with the six sub-counties Health Management Teams (HMTs) and the County HMT. This technical assistance included facilitation of the management teams to conduct supportive supervision to 22 health facilities reaching 74 HCW. The project also supported the county to commemorate “World TB day” and reflect on the challenges the program is facing with a high defaulter rate. Lab networking was supported through transportation of 638 CD4, 386 viral load and 40 Gene X-pert samples to laboratory testing hubs.

**Kajiado County:** During the quarter in review, two (Kajiado North and Central) sub-county HMTs were sensitized on TQAs and facilitated to conduct TQAs in three ART sites. The County HMT was supported, through the JWP, to form a Care and Treatment TWG to oversee implementation of HIV care services and the attainment of the 90% targets by 2019. Lab networking was supported

through transportation of 1,544 CD4, 1,362 viral load and 81 Gene X-pert samples to laboratory testing hubs.

**Laikipia County:** During the quarter under review, the project MDT participated with the county and sub-county teams in joint support supervision and mentorship visits to 23 facilities and interacted with 46 HCWs. In this period, eight JWP meetings were held together with the various HMTs to plan on implementation of services with project support. Project staff worked with the members of the CHMT during the delivery of a mobile clinic to Laikipia County by the First Lady of the Republic of Kenya, Margaret Kenyatta as part of her “Beyond Zero Campaign”. Staff also participated during the CHMT annual budget planning meeting. Lab networking was supported through transportation of 615 CD4 and 825 viral load samples to laboratory testing hubs.

**Nakuru County:** The project jointly with MOH executed JWPs with the CHMT, nine SCHMT and 10 HMT. Through JWP support, integrated mentorship and support supervision was undertaken in 31 facilities reaching 72 service providers focusing on scaling up of HIV testing through PITC and enhancing linkage to care for HIV positive patients, implementation of the revised ART guidelines and nutrition assessment. During the supervision, the facilities were provided with timely feedback on findings and areas for improvement. Three stakeholders meeting on annual work plan review and two collaborative meeting on ART/HTC data review and eMTCT stock taking were held in the quarter. Lab networking was supported through transportation of 3,801 CD4; 3,474 viral load and 703 Gene X-pert samples to laboratory testing hubs. Gene X-pert sample transportation was scaled up to nine facilities.

**Narok County:** During the period under review, Narok CHMT carried out supportive supervision to 18 facilities across the two supported sub-counties (i.e. Narok North and South). During the supervision, the facilities were given feedback on areas of improvement, which included TB/HIV integration, scaling up of HIV testing through PITC and enhancing linkage to care for HIV positive patients, roll out of IPT, implementation of the revised ART guidelines and nutrition assessment. With project facilitation, the Narok South SCHMT conducted a facility-in-charges meeting which brought together 38 CHW from 38 facilities; feedback on support supervision conducted in the previous quarter was given. The Narok CHMT held a county TB/HIV TWG meeting in which key TB/HIV integration issues and Isoniazid preventive therapy (IPT) roll out were discussed. Lab networking was supported through transportation of 450 CD4, 849 viral load and 82 Gene X-pert samples to laboratory testing hubs.

### **3.1.3 Strengthened capacity to record, report and use data for decision making at district, facility and community level**

The project continued to mentor health facility staff to ensure correct and consistent use of data recording and reporting tools, data verification, targeted M&E assessments so as to address data quality gaps in reported data as well as championing data utilization by the facilities to enable decision making.

In order to ensure quality project data, routine data quality assessments were conducted in four health facilities focusing on assessing the five M&E functional areas (M&E structure functions and capabilities, indicator definitions and reporting guidelines, data collection and reporting forms, data management processes and linkage with national reporting mechanisms. Further, 21 health management team members from one facility [Gilgil DH] were trained on the use of national routine data quality assessment tool. The trained staff are expected to use the RDQA tool to conduct data quality assessment in the next quarter. A total of 150 facilities were visited for routine M&E assessments, data verification and mentorship during the quarter, where 348 health facility staff were mentored on proper recording and reporting for HTC, PMTCT and ART services. M&E checklists were administered in 56 of the 150 facilities that were visited in the quarter.



To promote use of data for decision-making, the project participated in three facility in-charges meetings in three sub-counties. Challenges affecting indicator performance were identified and technical officers addressed the noted gaps. As a result, nutrition reporting rates in the three sub-counties improved from 49% in Oct-Dec 2014 to 78% in Jan-Mar 2015 quarter. Further, 44 health facilities were issued with performance monitoring charts to enable tracking of indicators of interest to the facilities. These were fourth ANC attendance, linkage/enrollment to HIV care for HIV+ve, maternal & infant prophylaxis and HEI positivity rates. As a result, facilities have been able to identify the root causes for poor performance and developed plans to address the gaps.

In collaboration with FUTURES group and I-TECH, the project continued to support EMR implementation in 58 health facilities out of the targeted 84. A total of 108 staff from the 58 facilities were mentored on use of EMR as a point of care system, data entry processes, data validation, generation of monthly reports, system set-up, system upgrading and trouble shooting. IQ care DQAs were also conducted in 11 health facilities to validate data in the EMR against paper data. During the quarter, EMR RRI was conducted in 34 facilities to fast track completion of legacy data entry for both active and inactive clients as well as validating the data in the EMR system (see table below for results).

*Table 2: EMR Implementation Status as at March 31, 2015*

	Baringo	Kajiado	Laikipia	Nakuru	Narok	Total	% Achieved
Targeted Sites for EMR	13	13	14	30	14	<b>84</b>	
Sites with EMR Deployed	13	13	12	12	9	<b>59</b>	<b>70%</b>
Sites Legacy Data Entry complete	12	4	5	7	1	<b>29</b>	<b>49%</b>
Sites Legacy Data Entry ongoing	1	9	7	5	8	<b>30</b>	<b>51%</b>
Sites using EMR as Point of Care	6	0	0	5	4	<b>15</b>	<b>25%</b>
EMR DQA Conducted	4	0	1	2	4	<b>11</b>	<b>19%</b>

**Baringo County:** During the quarter under review, 50 MOH staffs from 15 facilities were mentored to address knowledge gaps in recording and summarizing some data elements reports. I.e. inaccurate recording and aggregation of women tested in maternity, inaccurate tallying of patients in current in care, incomplete and non-use of registers especially ART and cohort summary and incorrect reporting of HEI testing and infant feeding data elements.

During the quarter, 11 M&E checklists were administered in seven health facilities to validate reported data and to assess the availability and use of HMIS tools. As a result, 336 assorted data recording and reporting tools were disseminated in the facilities. The project staff continued supporting the SCHRIO to ensure reporting by all facilities and reviewing the reports to ensure quality. As a result, the reporting rates for MOH 711A was 96% and 97% for MOH 731 during the quarter. The county continued to experience insecurity issues in East Pokot sub-county where five facilities (Barpello, Churo, Loruk, Mukutani and Nginyang dispensaries) were closed from time to time due to insecurity. Non-reporting from the mentioned health facilities accounted for all the missing reports (4%) in the reporting quarter.

The project staff monitored quality of reported data from the county by working with MOH staff in conducting comparative analysis for consistency and concurrency of data from both the KePMS and DHIS2 systems. Noted data inconsistencies arising largely from data entry errors and revision

of reports at both levels were revised and correct reports generated. The project further monitored performance of the county using the performance reimbursement plan (PRP) calculated on a weighted scale of reporting rates from 10 dataset reports, timelines and completeness of reporting, correct transcription of data to DHIS2, complete allocation of dataset reports and allocation of population estimates. The mean PRP score in this reporting quarter was 79% compared to 76% in the previous quarter. East Pokot registered the greatest improvement of 22% due to relative improvement in security while Baringo central declined by 8% attributed to late entry of data into DHIS in Jan 2015.

During the quarter, the project supported 12 facilities to implement Open-MRS EMR system with one additional facility (Chemolingot SCH) receiving computers for deploying EMR system. Additionally, five staff (1 project staff, two SCHRIO from Marigat and Koibatek, one CHRIO for Baringo County and one county ICT staff) attended a five-day EMR system- administrator training to enhance the county's capacity to provide technical support such as system set-up, system upgrading and trouble shooting. Thereafter, the trained team run EMR upgrade scripts in four facilities (Tenges HC, Kipsaraman Dispensary, Kabartonjo DH and Marigat HC) and resolved network issues at Tenges HC. A joint EMR review meeting between project, ITECH and County was held whereby six facilities implementing EMR shared progress and lessons learnt; problem areas were identified and staff mentored on using EMR as appoint of care system.

In the quarter, seventeen staff from five facilities (Marigat DH, Emining HC, Eldama Ravine DH, Kipsaraman HC and Mercy Mission Hospital) were mentored on use of data entry to fast track data entry and complete migration of historical data and adoption of POC data entry. By end of the period, 12/13 [93%] of the health facilities had completed migration of legacy data. One facility, Chemolingot SCH, will be expected to complete data migration in the next quarter.

Two IP were visited for support supervision using a standard revised integrated checklist. The following areas were found to be working well; data analysis and use, leveraging for education support to address education barriers and availability of SOPs. However, gaps identified included; internalization of SOPs by staff, documentation of transitioning older OVC, data security and updating OVC benefitting from scholarships in OLMIS. The IPs developed action plans to address the gaps.

Availability of OVC program tools were monitored and disbursed as per need; 215 Form 1As were distributed. OVC IP reporting rates remained high ranging from 97% to 100%. During the quarter, both OLMIS and CPwP system were up-graded to enhance data quality and data use features i.e. data validation and reports. Specifically CPwP was upgraded to validate editing group attendance, inclusion of advanced user guide, and inclusion of advanced drop down menus, age disaggregated KePMS report and task status monitoring. E.g., data merging progress. OLMIS was also updated to enhance data entry validation rules, control data editing and enhance.

Three IP were supported to conduct RDQAs using project standard RDQA checklist and recommendation were given to address identified gaps. Learning from successful rollout of performance monitoring charts (PMC) as a means of promoting data use, two IPs were mentored on defining indicators and plotting run charts. Data use handbook was also provided to guide standardizing and documentation of data review sessions and follow up actions.

**Kajiado County:** During the quarter under review, the project mentored 49 health workers in 21 health facilities. During those mentorship visits, the M&E site assessment checklist was administered to 20 health facilities. The checklist was used to forecast tools, assess correct use of the tools and identify data quality gaps to inform areas of intervention. As a result, 274 assorted data recording and reporting tools were distributed to the facilities. In addition, 21 staff from three

facilities (Mashuru HC, Namanga HC and St. Theresa Dispensary CME) were reached with CME on documentation for care and treatment, PMTCT and HEI.

In collaboration with SCHRIO from three sub counties (Kajiado central, Kajiado North and Kajiado East), the project monitored reporting rates for three sub-counties on nine dataset reports from the DHIS2. As a result, reporting rates in the county improved from 92% in the previous quarter to 93% in the reporting quarter. The county faced shortage of nutrition tools (MOH 713) and the project provided photocopies for distribution to health facilities. The reporting rates for the nutrition dataset [MOH 713] improved from 51% in previous quarter to 79% in quarter under review.

To improve data quality, the project engaged in joint review of monthly facility reports with the SCHMT, conducted gap analysis meetings, supported data reconstruction activities as well as conducted routine data quality assessments. Towards this end, the project supported Kitengela HC to reconstruct their ART data registers and use of ICF cards. The project staff discussed the underlying challenges with the facility administration for action. During subsequent routine supervision, the project noted minimal improvement. The project facilitated SCHRIOs to conduct data quality audit in four health facilities (Kitengela SCH, Ongata Rongai HC, Kajiado DH and Bissil HC). The RDQA identified cross cutting issues that needed to be addressed including inadequate data review before submission, security of client information and inadequate skills among some staff in data management. An action plan was drawn and its implementation progress will be monitored in the next quarter.

The project supported three sub county data review meetings (Kajiado central sub-county, Kajiado East sub-county and Kajiado north sub-county). The meetings identified poor performing indicators as follows; low coverage for fourth ANC visit in the three sub-counties, low nutrition reporting rates as follows and fluctuations of data related to cumulative on ever on ART in Kajiado North sub-county and Kajiado Central sub-county. The project staff and sub-county HRIOs provided technical assistance to facilities to remedy the situation. As a result, significant improvements were recorded in the nutrition reporting across the three counties as follows (Kajiado North (70%), Kajiado East (81%) and Kajiado central (82%).

The project continued to support 13 sites to implement IQ Care EMR system. During the quarter, four sites were engaged in an IQ care RRI where 11 staff were oriented on the IQ care data entry SOP and process. By the end of the reporting quarter, four facilities (Ongata Rongai HC, Embulbul HC, Kajiado DH and Bissil HC) had completed legacy data entry. Other facilities were at different levels of completing legacy data entry as follows; Ngong DH (43%), Kitengela HC (52%), Namanga HC (39%), Masimba HC (50%) and Rombo HC (47%). Data entry at Entarara HC has not begun whereas in Loitokitok SCH, the computers were stolen stalling IQ care implementation at the site.

On community interventions, one SDH M&E technical working group meeting was convened where feedback was given on the importance of updating OVC HIV status, linkage to care and treatment for HIV positive OVC, and tangible benefits provided to OVCs. A template for filling MUAC assessment results was disseminated to the IPs. During the quarter, 911 OVC were assessed where 868 were stable, 39 moderately malnourished and four severely malnourished. In order to strengthen the OVC reporting and documentation, 12 IP staff were mentored on OLMIS and six on CPwP systems. Nine mentorship sessions were conducted to 16 IP staffs on creating simple graphs using excel, populate reports from PWP systems, export OLMIS data into excel.

The project visited eight IP and mentored 15 staff on the use of transmission log and data verification process. This resulted in an increased percentage of OVCs receiving services from 96% in previous quarter to 99% in reported quarter. Five IP were supported to update OLMIS version

II. Sixteen IP staff were mentored on generation and utilization of the available reports and functions. In addition, twenty three staff were mentored on use of OVC overall view report to identify data quality issues. Of specific concern was the high number of children reported to have been rescued from abusive environment and needing legal assistance. Action points were developed which involved targeted mentorship on filling of F1A to CHVs by the IPs staffs.

IP conducted DQAs at their sites and shared reports and action plans with the project. Key challenges noted from the reports included, updating of education details in OLMIS and missing documents in OVC files. Follow up on implementation of the action plans indicated that eight out of nine IP had current Form 1A in the OVC files and that nine sites had talking walls updated and had all the M&E SOPs.

**Laikipia County:** During the quarter under review, 46 health facility staff from 23 facilities were mentored on use of performance monitoring charts, accurate data element reporting in HTC, PMTCT prophylaxis, care and treatment in the MOH 711A & 731 reporting forms. During the site visits, 1020 data recording and reporting tools were distributed to the facilities based on need. Targeted mentorship was provided to Doldol DH and Ndindika HC staff to ensure accurate reporting of ART cohort data after correct filling of MOH 361B.

The project monitored the reporting rates in the performance reimbursement plan (PRP) for 10 dataset reports from the DHIS2. There was significant improvement in five dataset reporting rates as follows: 8% for MOH 711A, 4% for MOH 731-1, 2% for MOH 731-2, 1% for MOH 731-3 and 10% for MOH 713. The reporting rate for MOH 733B reduced by 1% compared to last quarter; this is attributed to new facilities being assigned the nutrition data set in the DHIS2 yet they don't offer the service. To address the gap, the project staff is engaging with the county nutritionist for appropriate dataset allocation.

In order to improve the quality of facility data, the project staff focused on addressing validity and consistency of reported data by conducting technical quality assessment, providing continuous feedback on data quality to SCHMT and facility technical staff and facilitating continuous medical education on data quality to facility staff.

The project staff further focused on verifying the consistency of data elements reported in the hard copy report (MOH 731) with uploaded data for 50 data elements in MOH 731 and DHIS2 from 13 high volume sites. During the quarter, average consistency score for Laikipia County was 93.75% compared to 98% in previous quarter. The reduced performance was occasioned by delayed uploading of reports, transposition errors during data entry in DHIS, inappropriate allocation of dataset for not offering the service, non-reporting for some facilities on certain data elements such as cohort report and HIV care visits and arithmetic errors from hard copy entered into DHIS. The noted data quality errors from four facilities i.e. Nanyuki TRH, Rumuruti SDH, Olmorani HC and Ngarua HC were addressed with the SCHRIOs and changes were effected in the DHIS and or corrections made to MOH 731 reports.

In effort to promote data use, the project staff provided technical support to staff in 10 health facilities (i.e. Nanyuki TRH, Nanyuki Cottage, Doldol DH, Rumuruti DH, Ndindika HC, Ngarua HC, Kalalu Dispensary, Kimanjo HC, Sipili Dispensary and Ngobit Dispensary) to use performance monitoring charts. In addition, the project participated in monthly facility meetings in three facilities (Nanyuki TRH, Doldol HC and Sipili HC). During the meetings, discrepancies in reported data as well as causes for invalid data were discussed. Trend performance for selected data elements e.g. current & cumulative on care & ART were reviewed and issues affecting performance were identified. Each department in-charge was allocated a specific register to ensure its correct documentation.

In support of IQ care implementation, the project hires seven data entry clerks to complete legacy data entry in three facilities. Data entry status for Nanyuki TRH was at 55%, Rumuruti SDH at 84%, and Ndindika HC at 94%. IQ care legacy data entry was completed in five facilities [St Joseph catholic, Ndindika HC, Ngobit HC and Oljabet HC and Rumuruti DH]. In the next quarter, staff at these facilities will be sensitized to generate reports from the system after EMR DQA.

LIFA and Caritas, the two OVC IPs in the county, continued to record improved OVC reporting rates from 96% in previous quarter to 98% in current quarter. This was attributed to strengthening of reporting systems through quarterly data quality audits, data verification, feedback and prompt reaction to address emerging gaps in data completeness, validity and correctness. To ensure availability of tools, 422 F1A, 50 F1B, 369 files and 763 PWP registration forms were distributed to the two IPs (LIFA and Caritas). In addition, 14 IP staff were trained on OLMIS; DQA; data analysis, use and presentation through charts and graphs; and info graphics. During the quarter under review, the project provided technical assistance to two IP M&E technical working groups to conduct quarterly DQA. Out of the OVC visited during the DQA, 50% had birth certificates but copies were not found in the OVC file and the information had not been updated in OLMIS.

**Nakuru County:** The project mentored 172 facility staff from 76 sites in nine sub-counties (Kuresoi, Molo, Njoro, Rongai, Nakuru Central, Nakuru North, Subukia, Gilgil and Naivasha) on data recording, reporting, data quality and data use. Based on need, 10,497 assorted standard tools were distributed to the health facilities across nine sub-counties. In addition, the project staff administered M&E checklist in 16 facilities during which 53 staff were mentored on correct documentation and accurate reporting of PMTCT, ART and HTC data elements.

During the quarter, the project staff monitored the reporting rates for 10 dataset reports from the DHIS2. As a result, reporting rates for six dataset reports improved or maintained same performance compared to last quarter as follows; MOH 711A [1%], MOH 731-2 [0%], MOH 731-3 [0%], MOH 713 [8%] and MOH 733B [20%] with one dataset report MOH 731-1 reducing by 1% due to allocation of HTC dataset to 21 new facilities in the quarter. Average consistency scores for the monitored data elements also improved from 91% in Oct-Dec 2014 quarter to 96% in Jan-Mar 2015 quarter.

The overall PRP performance for the sub-counties improved from 89% in previous quarter to 93% in the reporting quarter. This was because of monthly feedback to the SCHRIOs on their performance. To further improve quality of data documentation and reporting, staff at Naivasha DH, were supported to update registers for CCC clients while four other facilities (Olenguruone SDH, Nakuru West HC, St. Mary Hospital and Gilgil DH) were supported to generate Care and Treatment reports using MOH731 monthly reporting tools. In an effort to institutionalize RDQA within the facilities, 21 Gilgil HMT members were additionally oriented on the national RDQA tool. The trained staff are expected to use the RDQA tool to conduct data quality assessment in the next quarter.

In an effort to promote data use at service delivery points, the project staff continued to monitor and support staff in 11 facilities to use Performance Monitoring Charts for routine monitoring of progress and identifying areas for further intervention. Three facilities used the charts to review their performance on the selected indicators. Staff at Mai Mahiu HC used the PMC charts to monitor prophylaxis uptake for PMTCT clients, which was retained at 100% within the quarter. At Naivasha SCRH, the charts were used to closely monitor testing and positivity rates of HEI; some of the factors contributing to the performance discussed and action points agreed upon. At Bahati DH, the charts were used to monitor PMTCT prophylaxis for mothers and infants, and linkage to care and treatment of HIV positive clients. The facility is now able to track and account all the HIV+ve clients as well as infants and mothers due for enrollment and prophylaxis.



The project team oriented QIT in two facilities (Naivasha SCH and Gilgil SCH) on routine use of data to improve quality of service delivery. By the end of the quarter, the QIT team had identified areas of improvement for which data was to be regularly used to monitor progress. Whereas in Gilgil SCH, the QIT was facilitated to conduct an exit survey to identify areas of quality improvement for service delivery; the findings of the exit survey was shared with HMT.

During the quarter, the project staff continued to support implementation of IQ care EMR system in 12 health facilities (Olenguruone SDH, Molo DH, Elburgon SDH, Njoro HC, Rongai HC, Langa HC, Nakuru PGH (Pediatric CCC), Nakuru West PCEA, Evans Sunrise Hospital, Subukia HC, Bahati DH and Naivasha DH). In an effort to fast track legacy data entry and improve the quality of data in the IQ care system, a RRI was conducted in ten high volume sites. In addition, 23 staff from two facilities (Bahati DH and Subukia HC) were trained on the use of IQ care system as Point of Care. By the end of the quarter, 92% of active clients were entered into the IQ care system and five facilities (Gilgil DH, Subukia HC, Bahati DH, Langa HC and Olenguruone SDH) had started using the system as a point of care system. To ensure data quality the project team in collaboration with Futures Group conducted IQ DQAs in two facilities (Gilgil SCH and Njoro HC) to assess consistency for 20 key data elements between the paper systems (patient files) and data in the IQ care system. In Gilgil SCH, DQA findings indicated a 50% consistency due to lack of complete data entry of client details in the IQ care system. In Njoro HC, analysis indicated that 37% of the 20 data elements being reviewed were matching, 31% of sampled files had inconsistent data in IQ care system compared with paper system and 31% of sampled files had data in IQ care system and not in the Paper based system. As a result of the data quality findings, data verification was conducted in all sites with IQ care system.

The OVC LIP staff received technical assistance to update OLMIS to address gaps that had been previously detected. Specifically the updates aimed at blocking errors detected during data editing, entry and report generation. During the quarter, 14 OVC LIP staff were orientated on how to generate and use all the OLMIS inbuilt reports for decision making. Four Health Communication (HC) IP staff were further oriented on reporting tools and use of DIC system to ensure accurate reporting of data for Key Population target group. The newly developed integrated support supervision tool was used to assess availability and use of the SOP, data quality, analysis and use for five IPs. Findings showed that 53% of OVC records were updated, data analysis and use was at 87%. All the sites met expectations with regard to availability of SOPs, national policies and guidelines while 75% of sites visited demonstrated exemplary performance on data quality, analysis and use.

To ensure tool availability, the project distributed 926 F1A, 62 F1B, 4,548 Bio-data forms, 1,707 HH vulnerability forms, 1,597 OVC files, 400 file dividers and 3,730 needs assessment forms. To ensure complete and correct use of the tools 695 CHV trained on the tools. In addition, 1,363 HC1 forms were distributed to one IP implementing health communication intervention. All HC IPs had a 100% reporting rate within stipulated time. This is attributed to continued support by project to submit LIP data via SkyDrive. The OVC IPs equally maintained a high reporting rate of 98% with a slight drop of 1% from 99% reported in previous quarter (99%). The drop was due to OVC that were in boarding schools during the reporting period and did not receive services.

To ensure data quality, OVC IP were supported to conduct RDQA with focus on eligibility criteria, availability and completeness F1A, and data consistency between OLMIS and source documents. Data inconsistency was mainly due to missing some of the services in OLMIS or incorrect date entered for the service. Missing of CHV signatures in F1A also contributed to low performance in completeness of F1A. Action points were developed and by end of quarter most of the gaps had been addressed. Four HC IP staff were mentored on use of reporting tools to ensure data quality.



The project mentored IP staff on data use. One IP (KNOTE) was supported to conduct M&E technical work group meeting during which data was used to establish status and identify gaps. Out of this meeting, 15 staff were trained on the use of all the OLMIS generated reports to make decision. As a result, all KNOTE social workers independently generated reports and shared with their respective CHVs to assess performance and inform improvement interventions.

**Narok County:** In this reporting period, the project mentored 30 HCW from 16 health facilities on accurate recording and reporting for HTC, PMTCT, Care and Treatment, TB and KMMP. Further, the project supported HCW in setting immunization targets for children under one year and assisted them to populate immunization monitoring charts for ear 2015. The project also distributed assorted data recording and reporting tools to the health facilities based on need.

During the quarter, the project staff administered M&E supervision checklists in nine facilities in Narok North and Narok South sub-counties. Identified gaps from the M&E assessments were addressed through onsite mentorship and correction of discrepant data at the facility level, in the DHIS2 and in the project database. The sub-county reporting rates dropped to 93% from 96% in the previous quarter for both 731 and 711A. This was due to non-reporting by four facilities (Siyapei HC, Nalepo Medical, AIC Olasiti Dispensary and Entotol HC). In addition, during the quarter under review, 18 health facilities were supported to track and populate performance monitoring charts by mentoring 20 HCW on how to update the charts on monthly basis.

The project supported IQ Care implementation in the county in collaboration with FUTURES group. Project staff and MOH mentored 20 service providers on use of IQ Care system as a point care system in nine facilities. As a result, four facilities (Narok CH, Ololulunga SCH, Mulot HC and Sogoo HC) are currently using the system as POC. In order to fast track IQ care legacy data entry the project supported IQ care RRI in four facilities (Narok CH, Ololulunga SCH, Ntulele Dispensary and Sogoo HC). By the end of the quarter, legacy data entry was complete in at Ntulele HC while the other three facilities were at different levels of completion as follows; Narok County Referral Hospital 75%, Ololulunga SCH 80% and Sogoo HC 80%.

The project mentored seven staff from three IPs on how to maintain OLMIS, PWP and DIC databases as required including ensuring regular updates, cleaning, backups and archiving as per SOPs. In addition, 21 CHV meetings were conducted and CHV updated on current services, filling with F1B and reports submission. A total of 226 F1A and 94 F1Bs were distributed to three CBOs based on need. The IPs recorded improved OVC reporting rate at 93% compared to 92% reported last quarter. This was attributed to strengthening of reporting systems through quarterly data quality audits, supportive supervision, consistent mentorship, data verification, feedback prompting actions to address emerging gaps in data completeness, validity and correctness.

During the quarter, the project upgraded OLMIS, DIC & CPWP electronic systems for four IPs to conform to the revised monitoring tools and generate more output reports. Data quality assessments were conducted and the major gaps identified were missing signatures on OVC forms, and similar priorities and services ticked on F1A by CHV across many OVCs. Performance monitoring charts were introduced to three IPs; six staff were mentored on their use. The project mentored the staff on how to identify key performance indicators to be tracked and charted on monthly basis. Key among the indicators chosen included number of OVC with birth certificates on monthly basis and OVC testing and linkage to care and treatment for those HIV positive.

### **3.1.4 Strengthened capacity at Levels 1, 2 and 3 for focused response as dictated by local need and epidemiology**

The project finalized the handing over of the 141 community units in 2014 hence there are no achievements for this reporting period.

### **3.1.5 Improved capacity of the private sector to provide a package of high quality, high impact interventions**

The project through the Gold Star Network (GSN) supported 55 sites to provide quality services in HTC, PMTCT, ART, RH and MNCH to complement services being offered in the public sector. During the quarter under review, the strengthened the capacity of private sector service providers through Continuous Professional Development (CPD) and targeted mentorship. In addition, the project supported data review forums to promote data ownership and utilization among network members. Other separate forums were supported to disseminate the ART rapid advice. Onsite visits for support supervision and mentorship were jointly conducted by MOH and the project MDT. Having embraced the public private partnerships, the network members were linked to the MOH supply chain systems for various commodities to ensure continuity in service delivery.

In this period, HTC services were provided to 7,331 adults; 333 of these were diagnosed with HIV and 158 of them were enrolled onto care. Of those enrolled, 138 were initiated on HAART of whom eight were pregnant women. Cumulatively, there are 4000 individuals ever on ART: the network has 1357 adult females, 774 adult males and 100 children actively on treatment. The chart below shows the retention for GSN facilities.

**Kajiado County:** During the reporting period, the project provided technical support by conducting capacity building sessions through structured and targeted CPD sessions, onsite mentorship to bridge knowledge gaps. Additionally, job aids were distributed across various facility departments to promote HCW adherence to the national guidelines and SOP. A total of 77 service providers were oriented on the new ART rapid advice and 54 reached through CME. The project also facilitated a data review forum; 25 service provider's from various facilities discussed data indicator definitions and data quality issues. The avenue created a platform to promote further understanding of indicators amongst service providers and standardize reporting in private health facilities.

**Nakuru County:** The County accounts for over 80% of sites within the GSN network. In this period, 5,481 individuals were provided with HTC services; 232 tested positive and 122 were enrolled into care with 115 initiated onto treatment. There are 1,828 patients currently on treatment.

The project reached 55 HCW through CME on diagnosis and management of Lymphomas and TB meningitis. Two service providers were mentored on viral load sample collection and packaging enabling linkage to the national VL testing hub. In addition, 16 private health facilities in Nakuru Central sub-county were reached through mentorship on commodity management. The project team and MOH provided mentorship of HCWs at 16 facilities on commodity management focusing on forecasting, requisition and storage of RTKS, ARVS and TB drugs. During these visits, standard MOH tools and job aids were distributed to promote compliance. Six service providers' were linked for training in the HIV harmonized curricular at Kijabe Mission Hospital.

In Njoro sub-county, the project supported a joint support supervision to selected facilities in the network using the standard MOH supportive supervision checklist; 17 service providers were reached during the supervision. Site developed specific action plans to address gaps identified.

In order to promote data recording and reporting, the project supplied standard recording and reporting tools to six private facilities. Five providers were mentored on use of ART data recording tools at St Mary's Hospital. Following the EMR assessment and installation for selected private health facilities during the previous quarter, two providers at Evans Sunrise Hospital were mentored and supported to update the ART data into the IQ Care system. The Hospital is using the system as point of care system.

In maintaining monitoring of patients on HIV Care, 119 CD4 and 330 VL samples were shipped for processing at both private and public laboratories. Of the 286 samples analyzed at the KEMRI p3 Lab, 53 (19%) were suspected of treatment failure. In the coming quarter, providers will be engaged to scale up VL monitoring to ensure that active patients are appropriately monitored. Three samples of ARV resistance samples were analyzed for those suspected to be failing on some ARV regimens. Two sites affiliated to the network were supplied with DBS kits to ensure that there is no interruption to patient monitoring.

### **3.1.6 Increased capacity of functional community units to promote preventive healthy behaviors, identify, refer/manage complications**

During quarter under review, the project carried out support supervision to 40 CHV in Barwessa CU (Baringo North) and Kampi Turkana CU (Marigat). The CHVs had been trained in the previous quarter. During the support supervision, it was noted that reporting was a challenge for all CHV. During the supervision, 11 CHV, three CHC members and two CHEW from Barwessa CU were updated on Community MNCH data reporting tools.

To support MNCH Koibatek – Mogotio intervention retrospective data collection and cleanup was done at Emining, Ngubereti and Solian community units and link facilities. Focus group discussion (FGDs) were also done at the same sites. Feedback from the FGD indicated that clients appreciated text messages sent by SMS, the SMS reminders helped clients to complete four ANC visits and that male pregnant women had an opportunity to share the messages with their spouses thereby increasing male involvement. Analysis of this data is ongoing for dissemination in the next quarter.

### **3.1.7 Increased availability of HIV/AIDS treatment services at points of contact for PLHIV with health system (e.g. rural facilities, TB clinics)**

#### **HIV Counseling and Testing**

During the quarter under review, the project provided mentorship, sensitizations and orientations focusing on PITC in the Out Patient Department (OPD) and In Patient Department (IPD) and measures to improve linkage to care. In addition, mentorship was provided to sustain proper documentation, reporting and commodity management practices. In line with the current focus on high yield testing, the sites supported by the project were 311 down from the previous 479 sites. In this quarter, 143,588 (61.8% females) individuals of whom 16,992 (12%) were children below 15 years were tested compared to 141,995 clients reached last quarter. This performance is notable given the reduction in the number of supported sites. Of those tested 4,505 were positive giving a crude prevalence of 3.1%, out of whom 3,817 (85%) were enrolled into care. Overall, Kajiado county contributed the highest yield of positive clients (3.8%) followed by Nakuru county at 3.4% while Baringo, Narok and Laikipia had generally low prevalence rates of 2.1%, 2.2% and 2.3% respectively. The crude prevalence among adults was 3.1% for females and 3.0% for males while that of children was 0.9%. The overall yield this quarter was 3.1% compared to last quarter's 2.6%. Cumulatively, 285,583 (112,806 males and 172,777 females) individuals have been tested so far this year, thereby achieving 95% of the annual target; of these 8,215 (2.9%) were positive.

**Baringo County:** During the period under review, the project supported eight sessional counselors at five high volume facilities in order to ensure no missed opportunity for PITC services at the

outpatient and the inpatient departments. Targeted mentorship on correct use of data tools, adherence to SOP and the HTC algorithm was provided to 28 HCW. The sessional counselors were mentored on post-test counseling and escorting patients to the care clinic in order to improve linkage. Counselor support supervision was carried out at 15 health facilities reaching 34 counselors.

During the reporting period, 13,644 (60% females) individuals accessed HTC services compared to 15,695 tested last quarter; of these 1,587 (12%) were children under 15 years. The slight decrease is attributable in part to the reduction in sites. Due to the targeted testing, the yield of those positive this quarter was higher 2.1%, compared to previous quarter's 1.5%. Of the clients tested, 280 were HIV positive giving a crude prevalence of 2.1%. Among children, nine had an HIV positive result, a prevalence rate of 0.6%. Cumulatively for the year, 29,339 clients have been tested with 514 (1.8%) being diagnosed with HIV.

The five high volume facilities above, where the project deployed sessional counselors contributed 9,640 (71%) of the individuals tested; 1,326 (13.7%) were children below 15 years and 2,435 (36% males) were youths between 15 and 24 years. Out of the 9,640 clients tested at these facilities, 176 (1.8%) were HIV positive and of these 148 (84%) were linked and enrolled into care. A total of 277 couples were tested during the quarter and which eight had discordant results.

**Kajiado County:** The project supported the 57 HTC sites through mentorship, remedial on-job training for HCW with unsatisfactory HIV Proficiency Test (PT) results and re-distribution of Rapid Test Kits (RTKs) to facilities, which were under supplied. In addition, the project facilitated counselors' support supervision to 14 PITC sessional counselors. Some of the issues identified during the support supervision included incomplete data entry into the lab log book, weak inter-departmental linkages to enhance PITC uptake and tracking of HIV positive clients to access care and treatment. All these issues were addressed through mentorship.

During the reporting period, 22,431 clients (61% females) were tested compared to 20,546 tested the previous quarter; 3,656 (16%) were children below 15 years. Of these, 857 (63% females) tested HIV positive putting the crude prevalence at 3.8%. Crude prevalence among adults was 4.2% (4.0% females and 3.6% males) and 1.8% for children below 15 years. Overall, 586 (68%) patients were linked and enrolled into care. Cumulatively, 42,977 clients have been tested in the reporting year.

A total of 621 couples were tested for HIV of whom, 36 (5.8%) were discordant and their DBS samples were sent to the NHRL for determination of HIV status. The nine high volume facilities where sessional counselors are deployed contributed 14,029 (63%) of all the individuals tested and of the 484 who tested positive at these sites, 465 (96%) were effectively linked and enrolled into care.

**Laikipia County:** The project provided support to 35 HTC facilities through mentorship on quality HTC and CME sessions on HTC/SGBV reaching 60 HCWs. In addition, support supervision with county and sub-county heads was conducted at 23 facilities, reaching 46 providers. In this period, 11,159 (64% female) clients were counseled and tested for HIV compared to 11,393 tested last quarter; 1,661 (15%) were children below 15 years and 257 (65% females) were HIV positive giving a crude prevalence of 2.3%. Out of the positive clients, 199 (77%) were linked and enrolled into care. Cumulatively, 22,552 clients were tested to the end of the second quarter out of whom 502 (2.2%) were HIV positive.

In the four high volume facilities with sessional counselors, 7456 (60% female) were tested, which is 67% of the total tested in the county. A total of 145 (1.9%) were positive all of whom were enrolled into care. Out of the 78 OVCs with unknown HIV status, 53 (68%) were tested this quarter



and the remaining 12 in boarding schools have been scheduled for testing during the April school holidays.

**Nakuru County:** During the quarter under review, the project provided support towards accelerating PITC in the 22 high volume facilities through mentorship and counselors' support supervision. A total of 37 HCWs were reaching through mentorship and support supervision. The main emphasis was testing and counseling of young women 15-24 years, index client strategy and strengthening linkage of all the positive clients to care. During the period under review 82,233 (62% females) clients were tested compared to 79,219 tested last quarter; 7,877 (15%) were children below 15 years despite the reduction in the number of supported facilities to 170. Of those tested, 2,802 tested positive giving a crude prevalence of 3.4%. Crude prevalence was 1.8% among children, 3.5% females among adult females and 3.2% among adult males. A total of 2065 (74 %) of the HIV-positive clients were linked and enrolled into care.

The 22 high volume facilities, where the project deployed sessional counselors contributed 55,968 (68 %) of the individuals were tested, of whom 1196 (3 %) were children below 15 years. A total of 1,796 (3%) were HIV positive of whom 1642 (91%) were linked and enrolled into care. The youth (15-24 years) tested in these facilities (VCT data) were 4,944 (61% females) contributing 4% of the total tested. Cumulatively, 161,597 clients have been tested by the end of second quarter of whom 5,058 (3.1%) were positive and 3,610 (71 %) linked to care.

**Narok County:** The project supported 30 health facilities to provide quality HTC services in the facilities through mentorship on referrals and linkage to care and counselor support supervision. A total of 36 HCWs from 21 facilities were reached through mentorship while six were reached through counselors' support supervision.

During the reporting period, 13,976 individuals (62% females) were counseled tested and provided with results compared to last quarter where 15,142 individual were tested. Of those tested, 309 (2.2%) were HIV positive and 298 (96.4 %) were linked to care. Among the tested, 2,212 (16%) were children under 15 years. Cumulatively, 29,118 (5,890 children) individuals have been tested during the first two quarters of the year of whom 545 (34 children) were HIV positive. This translates to an overall prevalence of 1.9% and 0.6% for children. The three high volume sites supported with counselors contributed 8,007 (57.3 %) of all the clients tested for HIV. At these sites, 151 (1.8 %) were found positive and all were linked and enrolled into care. A total of 926 OVC and 232 couples were tested within the quarter of which five couples had discordant results.

### **Prevention of Mother to Child Transmission (PMTCT) and Early Infant Diagnosis (EID)**

The project supported 272 PMTCT and 242 EID sites across the five counties down from 420 PMTCT sites supported last quarter. In this reporting period, 32,350 women attending their first Ante-natal Care (ANC) clinic, labour and delivery and post-natal clinic had their HIV status established. Of those, 31,917 were newly tested while 433 were known positives. Cumulatively, 64,143 (58.3%) women had their status established against an annual target of 109,946. Those newly tested positive were 611, giving a crude sero-prevalence of 1.9%. Another 433 had previously known their status bringing the total number of mothers with positive status to 1044; 988 (94.6%) received maternal prophylaxis and 953 (91.3%) were issued with infant prophylaxis. Of the women who received prophylaxis, 975 (98.7%) of them received HAART, which is a commendable effort to complying with the revised national guidelines for PMTCT. The project is working towards ensuring all pregnant women get HAART as recommended by ensuring all PMTCT sites have the commodities through linkage with ART/Central sites.

In this reporting period, 734 DBS/EID samples were analyzed compared to 641 last quarter and of these 47 (6.4 %) turned positive with 24 infants being initiated on treatment. Project staff in

collaboration with facility service providers are following up those not yet initiated. Analysis of these EID samples shipped during that quarter shows that 543 tests were from HEIs aged 3 months and below with 21 (3.9%) positive, 139 were for HEIs aged 3 to 9 months, with 18 (13%) positive while 35 were for HEIs above 9 months with 7 (20%) testing positive. Of these HEIs, 522 of their mothers had received ARV prophylaxis (490 HAART) and positivity in this group was 5%. Sixty-six of the mothers got no prophylaxis and 12 (18%) of their babies tested positive. Concerning feeding options, most of the exposed infants 523(71% of 734) were exclusively breastfed and of this group 27 (5%) were positive, while 67 (9%) were on mixed feeding of whom 10 (15%) turned positive.

The 33 mentor mothers from 26 high volume sites in the five counties were offered continued mentorship on KMMP-defaulter tracing, importance of strengthening support groups and HEI cohort analysis. The mentor mothers were given KMMP client education flip charts, adherence protocol job aids and KMMP national guidelines in order to help them improve their services to the mothers and mentored on their use.

**Baringo County:** The project supported PMTCT/EID services in 33 health facilities. A total of 36 HCWs from 20 facilities were mentored on the following areas; current PMTCT guidelines (HAART for all pregnant and breastfeeding women), documentation in the ART, DAR and HEI registers/HEI card, mother/mother-baby follow up, HEI cohort analysis (HCA), EID algorithm, Infant and Young Child Feeding (IYCF) guidelines, commodity management, integration of PMTCT into MNCH model and use of data for decision-making. In this period, 3,211 women were tested from those attending their first Ante-natal Care (ANC) clinic visit, labour and delivery, and post-natal clinic. Of those, 3,182 were newly tested while 29 were known positives. Cumulatively for the year, 7,073 women constituting 44% of the annual target of 15,982 have had their status established. A total of 31 pregnant women tested positive giving a crude sero-prevalence of 0.97%. Another 29 had known HIV status bringing the total number of mothers with positive status to 60. Of these 44 (73%) received maternal prophylaxis and 70% were issued with infant prophylaxis. Most, 43 (98%), of the positive mothers who got prophylaxis got HAART which is in keeping with the current national guidelines. The low prophylaxis rate is attributed to a number of factors which include: lack of commodities (ARV) in lower levels facilities leading to referrals of positive women to ART sites; inadequate skills and knowledge to initiate HAART in PMTCT at lower levels (dispensaries and some health centers); lack of mentor mothers at lower levels leading to inadequate psychosocial support/information for newly diagnosed mothers and their infants and inaccessibility to facilities because of distance and difficult terrain. Strategies to improve PMTCT uptake in underperforming eMTCT sites include decentralization of ARV to PMTCT sites, liaison with FUNZO to build capacity of more service providers at dispensary level, continuation of on-site mentorship to support services provision especially at the dispensaries, dissemination and distribution of the current PMTCT guidelines and job aids to these lower level facilities and orientations for HCW at dispensaries on management of HEI/option B+ for eMTCT services.

Eligible 49 DBS samples for EID were analyzed; five (10%) were positive. Of the five positive infants, four have been initiated on HAART while the fifth has been enrolled, and the guardian is still undergoing adherence counselling before initiation onto HAART.

**Kajiado County:** A total of 48 sites were supported to provide PMTCT services during the reporting period. The project mentored 19 HCW in 13 facilities on HAART regimens for positive pregnant mothers, reporting of PMTCT indicators, linkages between FP/PMTCT/CCC and other departments and follow up and identifying of the HEI. The project also distributed updated PMTCT job aids/guidelines to 47 health facilities. The project continued supporting three health facilities in implementing the KMMP program. A total of four mentor mothers were mentored on the latest



PMTCT guidelines, documentation of KMMP registers and linking pregnant and lactating mothers to different service delivery points.

In this reporting period, 6,245 women attending their first ANC clinic, labour and delivery and post-natal clinic had their HIV status established. Of those, 6162 were newly tested while 83 were known positives. Cumulatively for the year, 12,174 (61.6%) women have had their HIV status established against an annual target of 19,773. A total of 119 newly tested positive giving a crude sero-prevalence of 1.9%. Another 83 had previously known their status bringing the total number of mothers with positive status to 202; 199 (98.5%) received maternal prophylaxis – 190 (95.5%) received HAART and 176 (87%) were issued with infant prophylaxis. The team is closely working with the facilities and MOH team to ensure improvement in timely infant prophylaxis provision and documentation.

A total of 166 eligible DBS samples for EID were analyzed this quarter from 17 supported EID sites. Of these, 10 (6%) were positive compared to 9.6% the previous quarter. Out of the 10 positives, two infants died, and three have been enrolled to care and five are being traced. A nine month HEI cohort analysis (Jan – March 2014) from nine high volume facilities was conducted and the outcomes are as shown in the chart below:

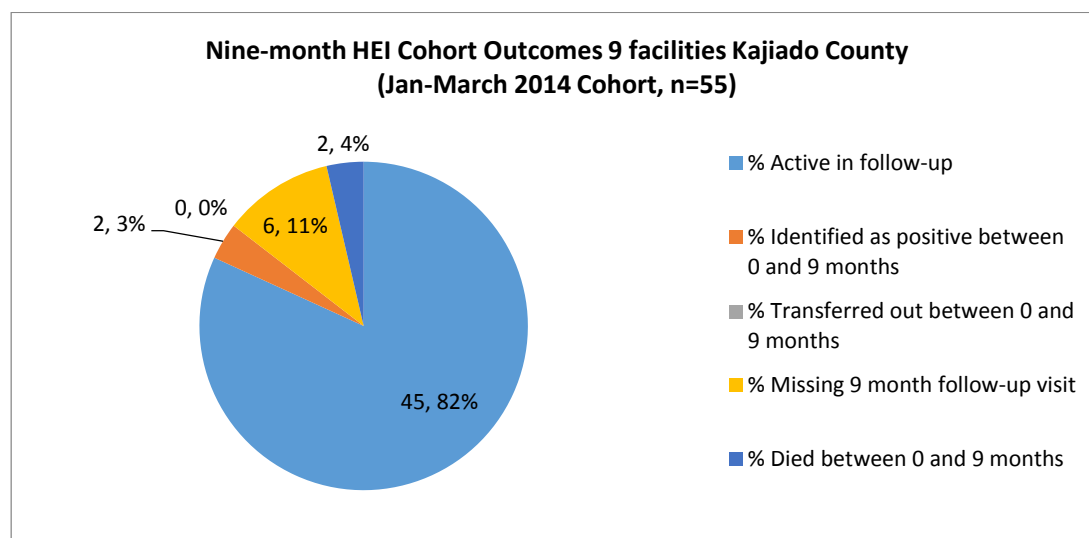


Figure 1: Nine

#### Month HEI Cohort Analysis

**Laikipia County:** The project supported 31 PMTCT sites in the county. The project team with the MOH staff conducted mentored 46 HC and conducted support supervision to 23 facilities. The mentorship focused on HEI follow-up and retention strategies, infant ART prophylaxis and performance monitoring using MOH charts. A total of four CME/CPD sessions and two orientations were held addressing topics such as the current P/eMTCT strategies, the Mentor Mother concept, use of Maternal and Peri-natal Death Registers and preconception care. In addition, 382 assorted job aids/guidelines/SOPs/posters were distributed to 23 health facilities as well as posters for community sensitization. Four PMTCT monthly support group meetings were held at the high volume facilities; the meetings focused on ART adherence and income generating activities for the groups.

In this reporting period, 2,718 women attending their first ANC, labour and delivery and post-natal clinic had their HIV status established. Of those, 2,673 were newly tested while 45 were known positives. Cumulatively this year, 5,371 women (46.8% of annual target) have had their status established; 47 newly tested positive giving a crude sero-prevalence of 1.8%. Another 45 had previously known their status bringing the total number of mothers with positive status to 92. Of these, 87 (94.6%) received maternal prophylaxis (all HAART) and 81 (88%) were issued with

infant prophylaxis. The team is working closely with the facilities and MOH team to ensure improvement in timely infant prophylaxis provision and documentation.

A total of 42 DBS/EID samples were analyzed and 2 (4.8%) turned positive. Out of the positive infants, one has been started on ART while the other one is being traced. A 12-month cohort analysis of 42 HIV-exposed infants enrolled in four high volume facilities and two (5%) turned positive with 6-8 weeks PCR and were started on ART. Among the 30 who were tested at 9 months (antibody test), none turned positive. Out of the remaining 40 HEI on follow up, 30 (75%) were active at 9 months while 10 (25 %) were lost to follow up. This is attributed to poor documentation and a lot of emphasis on proper recording has been going on during mentorship. In order to improve PMTCT outcomes, the project collaborated with CASCO, county pharmacist and CRH coordinator to increase access to ARVs at all the facilities by providing HCW orientation on new PMTCT guidelines and mentorship on requisition and reporting consumption of ARVs.

**Nakuru County:** The project supported 131 sites to offer quality PMTCT services; 25 have integrated model of PMTCT/MCH services. During the quarter under review, targeted mentorship was carried out in 22 health facilities. A total of nine CME reaching 128 service providers were conducted focusing on the implementation of the revised PMTCT guidelines. In addition, the project disseminated and distributed assorted job aids and guidelines to 63 facilities. Service providers at 22 facilities were sensitized on service integration and 24 facilities were provided with airtime for efficient patient tracking and follow-up.

In this period, 15,498 women attending their first ANC clinic, labour and delivery and post-natal clinic had their HIV status established. Of these, 15,256 were newly tested while 242 were known positives. Cumulatively, 29,847 women (64.7% of annual target) had their status established in the year with 346 newly tested positive giving a crude sero-prevalence of 2.7%. Another 242 had known HIV positive status bringing the total number of mothers with positive status to 588; 560 (95%) received maternal prophylaxis. Of those who received maternal prophylaxis 558 received HAART. A total of 559 (95%) were issued with infant prophylaxis. Continuous engagement with the CHMT and SCHMT members has enhanced the quality of service integration especially with the roll out of HAART for all pregnant women. The project supported facilitative supervision, data verification and the PMTCT TWG meeting on eMTCT progress, data review and service integration. In collaboration with the county HMT, the project supported preparation for the national eMTCT stocktaking and evaluation meeting.

In the reporting period, 404 DBS/EID samples were analyzed of which 23 (5.7 %) turned positive; 13 infants were initiated on treatment, one died and nine are still being traced. Cohort analysis of 266 HIV-exposed infants enrolled in 15 high volume facilities one year ago shows that 14 (7%) turned positive at 6-8 weeks and 64% were enrolled and started on ART (see chart below). The team is working closely with facility staff, the SCHMTs and CHMT in strengthening retention and tracking those missing appointments among other activities to reduce the loss to follow up among the HEIs identified.

*Table 3: 2014 HEI Cohort Analysis of selected health facilities in Nakuru County (Jan-Mar 2015)*

2014 HEI Cohort Analysis of selected health facilities in Nakuru County (Jan-Mar 2015)				
S/N	Indicator	Numerator	Denominator	%
1	% mothers who received PMTCT ARVs	214	266	80%
2	% Infants who received ARVs at 0-6 weeks	231	266	87%
3	% HEI tested with PCR at age 6-8 weeks and results available	199	266	75%
4	% HEI tested positive by first PCR at age 6-8 weeks	14	199	7%

5	% HEI tested with PCR and results available between 0 and 9 months	253	266	95%
6	% eligible HEI tested with 1st AB test and results available	167	250	67%
7	% HEI who tested AB positive with confirmatory PCR and results available	23	26	88%
8	% HEI who were Exclusively Breastfed at 6 months among HEI assessed	171	218	78%
9	% HIV positive infants identified between 0 and 9 months linked to CCC	14	22	64%
10	Outcomes for birth cohort at 9 months			
10.1	% Active in follow-up	165	264	63%
10.2	% Identified as positive between 0 and 9 months	22	264	8%
10.3	% Transferred out between 0 and 9 months	14	264	5%
10.4	% Missing 9 month follow-up visit	62	264	23%
10.5	% Died between 0 and 9 months	3	264	1%

**Narok County:** The project supported 29 facilities to provide PMTCT services, where mother and baby pairs are followed up at the MCH Clinic. In this quarter, 19 sites were visited for mentorship whose main focus was the implementation of option B plus for all PMTCT mothers, revised PMTCT guidelines, intensive screening for HEI in CWC, EID for HIV exposed infant's, interpretation of the PMTCT indicators and use of MOH 711A and 731 to capture program data. The program also mentored six HCW and four mentor mothers on HEI cohort analysis (HCA) at four high volume facilities. The project distributed PMTCT/MNCH job aids, guidelines, flip charts and the Adolescents Package of Care (APOC) in the 19 facilities visited and mentored the HCWs on their use.

This quarter, 4,678 women attending their first ANC clinic, labour, delivery, and postnatal clinic had their HIV status established; 4,644 were newly tested while 34 were known positives. Cumulatively for the year, 9,678 women (58.4% of annual target) had their status established against an annual target of 16,582. Those who newly tested positive were 68 giving a crude sero-prevalence of 1.5%. Another 34 had previously known their status bringing the total number of mothers with positive status to 102; 98 (96%) received maternal prophylaxis (97 HAART) and (93%) were issued with infant prophylaxis. A total of 73 DBS/EID samples from 12 health facilities were analyzed during the quarter and 7 (9.6%) were positive; two died before results were out and three were put on HAART. Two others are being traced.

### **HIV Care and Treatment**

The project supported 132 ART sites compared to 113 sites supported last quarter. The sites served 35,142 (8.8% children) patients on ART, an increase of 2,673 from 32,469 reported in previous quarter. The project has surpassed the annual target of 34,205 due to the implementation of the revised guidelines, which increased the number of patients eligible for ART. During the period under review, 4,102 clients were enrolled into care compared to 3,079 enrolled last quarter and 2,263 started on ART compared to 2,173 reported last quarter. The continued adoption of the revised ART guidelines (WHO, 2013) has resulted in an increased number of patients initiated on ART every quarter from an average of 1,100 before implementation of the guidelines. The project teams provided mentorship with emphasis on identification of patients' eligible for and their rapid initiation onto ART and use of routine virologic monitoring for the patients on ART to ensure all patients receive at least one viral load test in a year. As a result, 6,356 patients had a viral load test of whom 4,990 (79%) had achieved viral suppression. Cohort analysis of 1,078 patients started on ART one year ago at 37 high volume facilities shows a 12 months retention of 862 (80%). Out of

the net cohort, 197 (18%) patients were lost to follow up, 16 (1%) were dead and three had stopped treatment.

**Baringo County:** During the quarter under review, the project supported 12 ART sites where 2,380 patients are currently on ART; 265 (11%) are children aged below 15 years. The project mentored 31 HCW focusing on utilization of EMR as a point of care for better clinical outcomes, scaling up transition to 2<sup>nd</sup> line treatment for those with confirmed with virologic failure, scaling up ART initiation for those with CD4 below 500 as per the new ART rapid advice and scaling up repeat patient viral load monitoring for those with suspected virologic failure. During the reporting period, 215 patients were enrolled into care compared to 163 reported last quarter and 171 were initiated on ART compared 134 reported last quarter. In addition, 386 patients had a viral load test done and 254 (68%) had viral suppression. All the four patients with previously confirmed treatment failure were switched to second line ART and continued with adherence counseling and support. Analysis of a cohort of 100 patients started on ART in 10 high volume facilities one year ago shows retention of 91% (91 patients) at 12 months. Among the 91 patients retained on treatment 90 (99%) were on the original first line regimen and one had a minimal drug substitution with none having been switched to a second line regimen.

The project supported defaulter tracing through the established community-facility link-desks at four facilities and phone contact tracing. Out of 423 identified defaulters, 241 were traced back and resumed services translating to 57% of the total defaulters; six were confirmed dead, 57 clients could not be traced using their contact details and 119 lacked proper contact details. During rapid scale up of patient monitoring 39 clients with confirmed virologic failure were transitioned to second line ART treatment.

**Kajiado County:** The project supported 18 ART facilities serving 5,682 patients currently on ART of whom 461 (8%) are children below 15 years. During the quarter, CME on implementation of the rapid advice on new ART guidelines were conducted in three facilities reaching 54 HCW. Clinical mentorship was also done in six health facilities where seven HCW were mentored. In addition, one CME on use of Gene X-pert testing for TB diagnosis among PLHIV was conducted at Ngong SCH reaching 33 HCW.

In this reporting period, 586 patients were enrolled into care compared to 613 enrolled in the previous quarter and 341 clients were started on ART, compared to 367 patients enrolled in the previous quarter. This brings the total number of patients initiated on ART to 708 against. During the period in review, 1,362 patients had a viral load test out of whom 1,077 (79%) had achieved viral suppression. A total of 18 patients confirmed with virologic failure were switched to second-line ART.

The project provided support for defaulter tracking through community health volunteers manning community-facility link-desks, as well as provision of airtime for phone tracking. During the quarter, 848 defaulters were identified out of whom 610 (72%) returned to services, 15 of the defaulters were confirmed dead, 10 had transferred themselves out while four were formally transferred out. Another 68 defaulters were reached but did not resume services. The remaining 141 clients either did not have contacts or could not be reached over the phone. A summary of 203 patients started on ART in eight facilities a year ago showed that 178 (87.7%) were retained at 12 months, 23 (11.3%) were lost to follow up while two (1%) were dead.

**Laikipia County:** The project supported 14 facilities to provide quality ART services. The project team provided clinical mentored 28 HCW with an emphasis on documentation, patient monitoring, adherence support, as well as integration of services. During the reporting period, 199 patients among them 11 children were enrolled into care while 142 (12% children) were started on ART.

As at the end of the quarter, 3,127 (68% females) patients were receiving ART, among them 314 (10%) children below 15 year. A total of 168 treatment defaulters were identified in two high volume facilities and 142 were contacted. Of those contacted, 81 (57%) returned to care, 11 (7%) were lost follow up, 19 (13%) stopped treatment, 12 (7%) were contacted but did not return for services while 14 (8%) were confirmed to have died.

A 12 months cohort analysis of 135 patients starting ART indicated that; 103 (76%) were still active on first line ART in their primary sites, 25 (19%) were lost to follow up, six (4%) had died, while one had stopped treatment. In the same facilities, 24 months cohort analysis of 122 patients starting ART indicated that; 81 (60%) were still active on first line ART in their primary sites, seven (6%) had transferred out, 39 (32%) were lost to follow up, eight (7%) had died, while three (2%) had stopped treatment. On average, 12-month retention was at 76% while 24 months retention was at 60%. A total of 461 viral load tests were done, out of which 375 (81%) had achieved viral suppression.

**Nakuru County:** The project supported 74 facilities in providing quality ART services. In this reporting period, 2,065 patients (67% females) were enrolled into care; 138 (7%) are children below 15 years. In addition, 1,388 (71% females) patients were initiated on ART out of whom 136 (9.8%) were children below 15 years. A total of 22,054 patients among them 1,864 (8%) children were receiving ART by this reporting period. The project team conducted clinical mentorship at 46 facilities reaching 224 HCW. The focus of mentorship was in ensuring compliance with and implementation of the rapid advice on new ART guidelines. The team also conducted two CME sessions on patient monitoring using VL tests as well as use of Gene X-pert for the diagnosis of TB in PLHIV reaching 36 HCW. In addition, the project distributed relevant job aids and IEC materials to 46 facilities to ensure compliance with the national standards.

Out of a sample of seven high volume facilities where cohort data was collected 548 patients were initiated on ART between January and March 2014. Of these, 418 (77 %) were active on ART at 12 months while 124 (23.8%) were lost. An additional four (0.76%) were dead while two (0.38%) stopped taking ART. The project supported shipment of 3,801 CD4 samples, 3,335 viral load samples compared to last quarter where only 922 samples were analyzed. Out of the analyzed viral load samples, 2,654 (80%) had achieved viral suppression. The project continues with mentorship on sequencing of ARV regimens and strengthening adherence support structures to ensure attainment of >90% viral suppression for all patients on ART. Following the sensitizations on Gene X-pert testing, there was a dramatic increase in the number of sputum samples shipped to the central labs, from 414 to 703 samples. Out of the analyzed samples, 151 (26.4 %) were confirmed with Rifampicin-sensitive MTB, while two (0.35 %) had resistance to Rifampicin and samples were taken for culture and sensitivity.

**Narok County:** The project supported 14 ART sites through mentorship, OJT and support supervisions. The focus of the project mentorship was to strengthen patient monitoring, linkage to care and transitioning the eligible ones to ART. A total of 58 HCW were mentored and 125 reached through CME. In addition, the project distributed ART guidelines during the support supervision, mentorship visits and the facility in-charges' meetings reaching 40 HCW from 30 facilities.

During the reporting period, 298 (96.4%) of the 309 patients who tested HIV positive, were enrolled into care compared to 223 enrolled last quarter. In addition, 221 patients (34 children) were started on ART bringing the total initiated on ART this year to 416 (41 % of the county target). By the end of the reporting period, 1,899 patients were receiving ARV; 199 (10.5 %) are children below 15 years. Through facility QIT, the project aims to identify all children eligible and initiate them on ART by end of June 2015. A total of 825 viral load samples from patients on ART were analyzed compared 61 analyzed last quarter; 630 (76%) had achieved viral suppression.



An analysis of 92 patients started on ART one year ago from seven high volume sites, showed that 72 (78%) were retained on ART at 12 months while 16 (17%) were lost to follow up, and four (5%) had died. The project also provided support for defaulter tracing through phone contacting and physical tracing. As a result, 117 (72%) of 162 clients who had defaulted treatment were traced back and re-started on treatment, eight transferred out to other facilities, four were lost to follow up and two died. Tracking efforts for the remaining 31 clients will continue in the next quarter. The project continues to provide mentorship and OJT in order to institutionalize cohort analysis in all the ART sites.

### **Laboratory Support**

**Baringo County:** The project continued supporting laboratory networking with 638 CD4 samples processed and analyzed compared to 550 in the first quarter. Mentorship and OJT on DBS collection, packaging and shipment of PCR and viral load samples, Gene X-pert sample collection and technique, utilization of CD4 outcomes and interpretation of viral load outcomes were conducted in five facilities reaching 26 HCW. A cooler box was provided to Tenges HC to support handling and shipment of CD4 samples. The project also liaised with other USG partners to supply 850 DBS bundles to four facilities. In addition, the project distributed job aids and registers to three facilities and 17 MOH 643 (F-CDRR) booklets to health facilities in East Pokot sub-county.

In collaboration with the TB-ARC and the DLTLTD, the project facilitated an on-job refresher training on Gene X-pert analysis reaching seven laboratory staff at Kabarnet CH. The OJT was followed by a CME for 46 clinical staff to boost utilization of the Gene X-pert machine in diagnosis of TB for HIV infected individuals. The staff were also re-oriented on online reporting of Gene X-pert results through the GX-Alert system. The project continued to provide airtime to the SCMLTs for the online CD4 reporting and Facility Consumption Data Report and Request (F-CDRR). During this period, the county achieved an average of 94% reporting rate.

**Kajiado County:** During the quarter, seven laboratory staff from seven health facilities were mentored on commodity management and equipment maintenance. In addition, a CME session on the 12 essentials of laboratory quality management system was conducted at Loitokitok SCH reaching 25 HCW. As a result of sustained mentorship, all the laboratories are using the first-expiry, first out (FEFO) rule in commodity management alongside expiry tracking charts. Because of on-job trainings and mentorship on quality management, three facility laboratories (Oloitokitok SCH, Kajiado CRH and Magadi hospital) developed a daily maintenance logs for all their core equipment.

The three HTC sites mentored on forecasting using FCDRR are currently sending their reports in time. The project provided the SCMLT and laboratory in-charges with data bundles to enable online reporting of RTKs and CD4 commodities resulting in an improvement in reporting rates from 88% last quarter to 95%. During the reporting period, the county did not experience RTKs and CD4 commodities stock out. A total of 81 Gene X-pert samples were analyzed; 21 tested positive and two were rifampicin resistant. Ten of these samples were from HIV positive clients.

**Laikipia County:** During the quarter under review, 18 HCW in six facilities were mentored on new HTC algorithm, accessing the NASCOP EID/VL website, Gene X-pert shipment, EID/viral load sample collection and transportation. Nanyuki Teaching and Referral Hospital is participating in EQA for Hematology, clinical chemistry and CD4. The hospital laboratory is still undergoing the WHO AFRO Strengthening Laboratory Management toward Accreditation (SLMTA) stepwise accreditation process.



One CME on Gene X-pert was held at Rumuruti SCH it was attended by 12 HCW and four other CMEs on HTC and HIV rapid PT were done reaching 60 HCWs. The project also provided mentorship and OJT to six HCW who had unsatisfactory performance in Round 12 HIV rapid PT. Through laboratory networking, 461 viral load samples were transported for analysis compared to the 154 in previous quarter. The project supported the Sub-County Medical Laboratory coordinators with data bundles, which resulted in improvement in online commodity reporting from 86% to 94% in the reporting period. In order to promote Gene X-pert utilization, facilities in Laikipia West are networking specimens for Gene X-pert to Nyahururu County Referral Hospital.

**Nakuru County:** A Post-PIMA POC assessment was done at Subukia Health Centre with a team from National HIV reference Laboratory, CHAI and County Medical Laboratory coordinator. The assessment showed improvement in the turn-around time (TAT) for CD4 results; patients are provided with results on the same day. A total of 25 HCW at 15 facilities were mentored on EID/viral load sample collection and transportation, commodity management and laboratory internal quality control. Two laboratories (Naivasha DH and PGH Nakuru) are participating in EQA for hematology and the WHO AFRO Strengthening Laboratory Management toward Accreditation (SLMTA) stepwise accreditation process, clinical chemistry and CD4, and 61 laboratories are participating in TB microscopy EQA.

The project supported the shipment of 3,801 CD4 samples for patients on care, to the four CD4 testing hubs for analysis. In the reporting period, viral load testing through laboratory networking was rolled out to three additional sites in the county. A total of 3,335 viral load samples were transported for analysis, up from 922 samples last quarter. The increase in the number of viral load specimens analyzed is attributable to more facilities with capacity to draw specimens and to availability of commodities in the laboratory hub. The project redistributed Gene X-pert cartridges from Narok to Naivasha and Nakuru PGH hubs as well as HIV rapid test kits to avert stock outs and expiries at the source facilities. Lastly, DBS kits for viral load were distributed to 20 facilities in nine sub-counties.

In this reporting period, support supervision was done in six facilities with the County medical laboratory coordinator. A CME on Gene X-pert was done for providers from St. Anthony Health Centre and Kapkures HC reaching 36 health care workers. The county continues to register 100% reporting rates for RTKs.

**Narok County:** During the quarter under review, mentorship focused on viral load scale up, equipment maintenance and timely online reporting for RTKs/CD4 commodities. A total of 11 ARTs laboratories were visited for mentorship including reaching nine staff. The project's mentorship team facilitated mobile CD4 services using the portable PIMA CD4 machine to four rural facilities (Olchoro, Sogoo, Olokurto and Sakutiek) whereby 20 CD4 samples were processed and same day results provided. Following the mentorship conducted, all laboratories are using expiry-tracking charts for the commodities. A total of 450 CD4 samples from patients on care were analyzed to determine eligibility for ART. In addition, 103 sputum samples were analyzed at the Gene X-pert hub in Narok CRH of which 21 were positive with rifampicin-sensitive MTB and one was rifampicin resistant. The project continued to support the SCMLTs and laboratory in-charges with data bundle to enable online reporting of RTKs and CD4 commodities. The average reporting rate for HIV RTK is at 99% compared to 95% in the last quarter.

### **Pharmacy Support**

**Baringo County:** During the quarter, the MDT mentored eight HCW at five facilities on commodity management with emphasis on commodity report review, FP commodity management and malaria commodity reporting. The project also supported FP commodity management, reporting and redistribution among sites thus leading to a general improvement in the overall FP

reporting rates. During the quarter, the project continued to focus on supporting transition of Kenya Pharma sites to KEMSA ARV supply chain. The four central sites had 100% reporting rates to the national supply chain and there was no ARV/OI drug shortage in the county.

**Kajiado County:** During the quarter, the project mentored 43 HCW at 13 ART sites on commodity management and pharmacovigilance. The mentorship aimed at addressing the gaps in forecasting, anticipating and managing emergency orders and appropriate filling of the FMAP. A total of 15 HCWs from six private facilities in the county were mentored on reporting and ordering of FP commodities.

A CME on commodity management conducted at Kitengela SCH was attended by 20 HCW and addressed issues on distribution cycle (ordering, receiving, storage, prescribing and forecasting) for both pharmaceutical and non-pharmaceuticals. The project also distributed pharmacy tools (DAR, FMAP, Expiry Monitoring charts and F-CDRR) to seven facilities and FP reporting tools to Oloitokitok sub-county. In addition, a CME on pharmacovigilance was conducted reaching 20 HCW at Kitengela SCH. The project provided data bundles to the sub-county pharmacists to facilitate online reporting of FP commodities; the county reporting rate was 81%. In order to streamline the supply of ARV commodities in the county, the project facilitated the upgrading of Ngong SCH to a stand-alone and Kitengela SCH to a central site for Kajiado East sub-county.

**Laikipia County:** The project provided technical support and mentorship on commodity management to 15 staff in three sub-counties. The project team, County Pharmacist and Kenya Pharma Representative held one joint support supervision to four facilities. All 64 facilities supported by the project are reporting to the National supply chain (KEMSA) with no facility reporting stock outs. During the supervision, HIV RTKs, ARV and essential medicines were redistributed to avoid expiries in the source sites and avoid shortages in the receiving sites.

The project facilitated the County HMT to assess Doldol SCH and Ndindika HC in readiness for upgrading to central pharmaceutical supply sites and Nanyuki Cottage Hospital in readiness for consideration to stand-alone site. The assessment report was submitted to NASCOP for approval. Once approved, Doldol SCH will serve Laikipia North facilities and Ndindika will serve Nyahururu facilities. Two facilities (Rumuruti SCH and Nanyuki TRH) have been reporting on Pharmacovigilance.

Through the joint work-plan the project supported Doldol SCH and Nanyuki TRH to hold two Medicines and Therapeutics committee meetings. Nanyuki TRH reviewed the terms of reference (TORs) for the MTC and embarked on reviewing the drug formulary to guide prescribing practices in the hospital. In order to improve online reporting of FP commodities, the project provided internet bundles to the sub-county HMT. As a result, online reporting rate for FP was at an average of 80 % through the quarter.

**Nakuru County:** The project supported management of ART/FP/Malaria/TB commodities in public and private facilities through mentorship, orientations, distribution of tools and collaboration with commodity supply agencies. In addition, the project distributed and disseminated job aids for ART/PMTCT/PEP regimen codes, Nevirapine infant dosing charts, co-trimoxazole dosing charts and ART paediatric dosing charts geared towards standardization of prescribing and dosing of paediatric AR. Correct forecasting, quantification and reporting, and monthly review of commodity reports with the sub county program officers led to no commodity stock out.

Fourteen HCW were mentored on the use and management of ARV Dispensing Tool (ADT), commodity reporting on the use of paediatric dosing charts in DHIS and commodity management. The project also redistributed TB drugs sourced from other counties as a result on national stock out. The reporting rates for ART and FP commodities was over 80%.

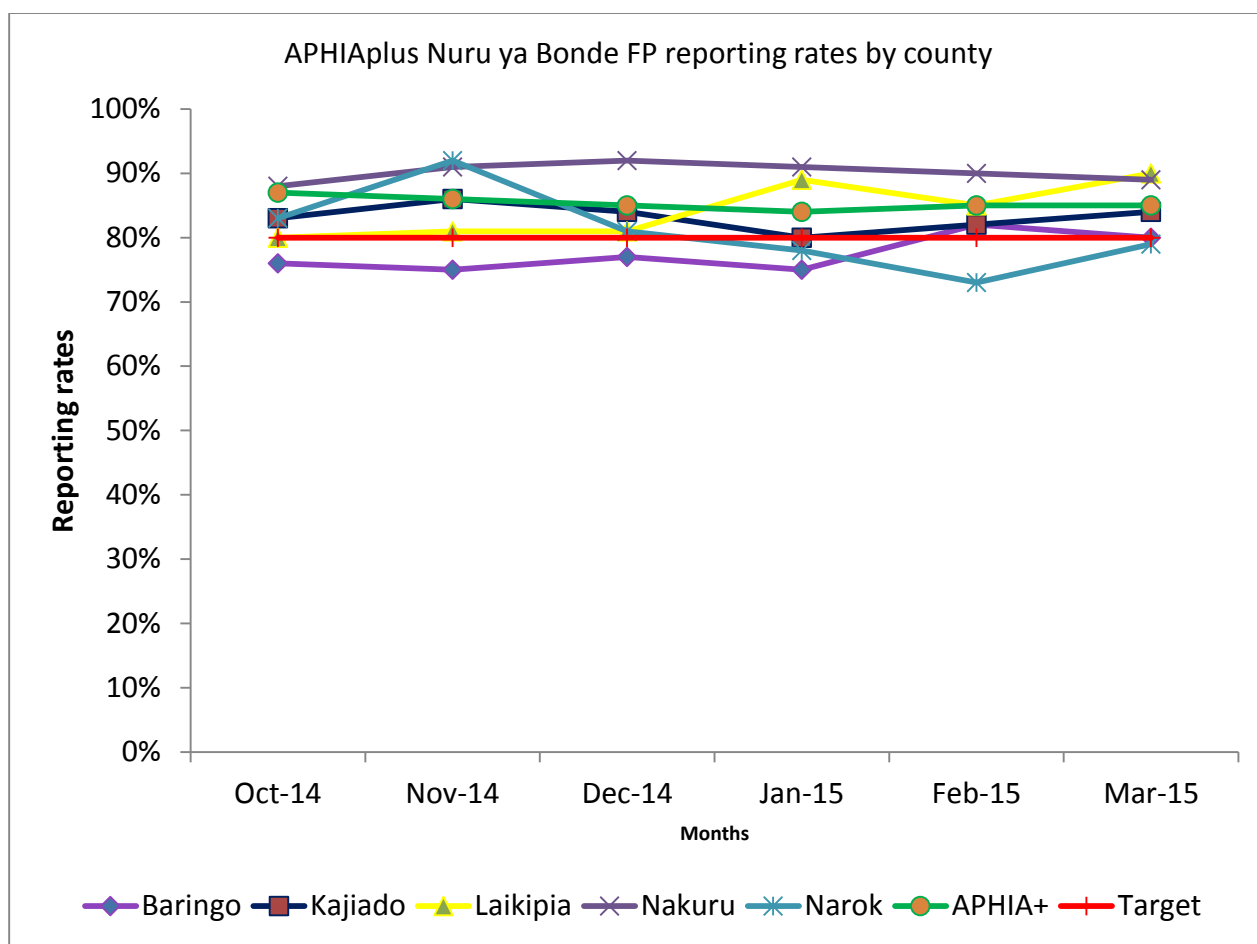


Figure 2: FP reporting rates by county Oct 2014 to Mar 2015

The project continued to collaborate with KEMSA and Kenya pharma in commodity supply and management. The Kenya pharma-supported sites were transitioned to the KEMSA supply pipeline. There has been consistent availability of ARVs averaging at three months physical stock at hand in central and standalone sites. Facility assessment for upgrading of ART sites was done in Njoro and Kuresoi sub-counties.

**Narok County:** The project distributed pharmacy tools (DAR, F-MAPS and F-CDRR) to three facilities. Two MTC meetings were held Narok CRH and Ololulunga SCH aimed at standardizing prescribing practices and safe use of medicines within the hospitals. A CME on pharmacovigilance was held at Kitengela SCH reaching 35 HCW. In addition, the project supported the distribution/re-distribution of ARV and other pharmaceuticals to four facilities within the county to avoid stock outs and overstocking.

The project also supported the sub-county pharmacists with data bundles to enhance online reporting of commodities, especially the FP commodities. The online reporting rates for Narok County as a whole (including the non-project supported sites) increased from 58.9 % reported in previous quarter to 70.1 % in the reporting quarter.

### 3.1.9 Increased availability of screening and treatment for TB

**Baringo County:** The project supported the implementation of the five I's through mentorship and OJT of HCW with an emphasis on their use of the Intensified Case Finding (ICF) recording tool. Following the introduction of the Gene X-pert machines, HCWs were also mentored on its use in diagnosis of TB infection amongst the HIV positive patients.

The project supported 12 TB/HIV treatment sites to provide integrated HIV prevention, care and treatment services. During the reporting period, 92 TB cases were detected, of whom 89 (97%) were tested for HIV with 38 (43%) testing HIV positive and all were started on co-trimoxazole (CTX) and 28 (74%) were started on ART. Those not started on ART will undergo adherence counselling for ART initiation in the next quarter.

**Kajiado County:** During the quarter, 15 CHW were reached with CME on TB/HIV integration at four health facilities. Another CME on Gene X-pert testing was conducted for Ngong SCH where 33 HCW were reached. In addition, TB ICF tools both for adults and children were supplied to ART sites. In the coming quarter, the project will link Kajiado North facilities to Nairobi facilities for Gene X-pert testing. A total of 235 TB cases of whom 214 (93%) were tested for HIV and 69 found positive all of whom were put on CTX while 63 (91%) were put on ART.

**Laikipia County:** The project technical team held joint TB supervision with the CTLC reaching nine facilities. Clinical mentorship and joint support supervision was intensified at the 14 ART sites while eight facilities are providing integrated TB/HIV services. Data extracted from the TIBU database shows that all the 157 detected TB cases were tested for HIV and of the 79 found HIV positive all were initiated on CTX. However, only 56 (71%) initiated on HAART as shown in the graph below. Efforts are on-going to trace those not initiated in order to do so.

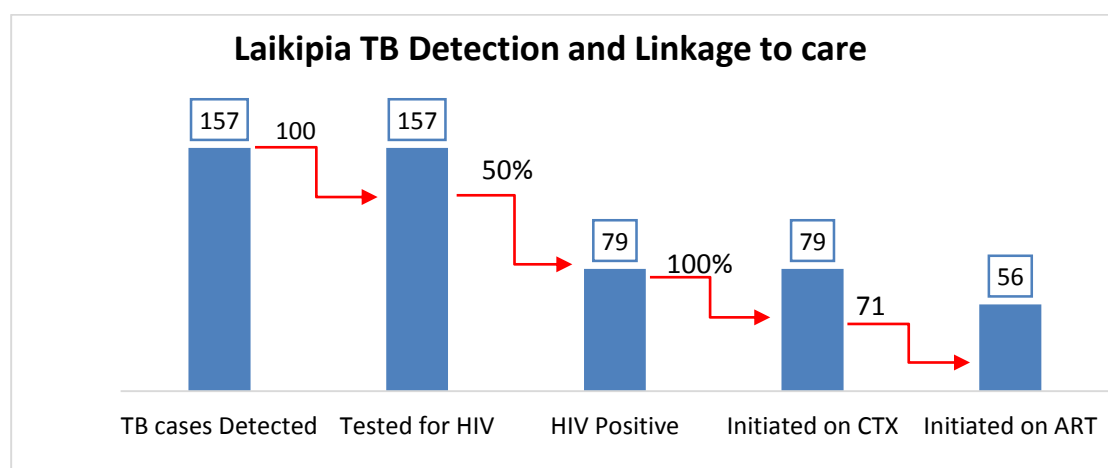


Figure 3: Laikipia TB detection and linkage to care

**Nakuru County:** TB-HIV integration has remained one of the key focus areas of mentorship. The team mentored 97 HCWs on management of TB/HIV co-infected patients. A total of 997 TB cases were detected in the quarter, of these 937 (94%) were tested for HIV and 377 (37.8%) were found to be TB/HIV co-infected. All the co-infected were put on CTX and 267 (70.8%) were on initiated on ARVs. Efforts to trace those who had not been initiated onto ART are ongoing. Use of Gene X-pert for diagnosis in HIV positive clients was enhanced and 703 samples were transported within the quarter compared to xx last quarter.

**Narok:** During the quarter under review, project supported a county TB/HIV TWG meeting in which plans to scale up ICF, use of Gene X-pert machine and the roll out of IPT were developed. As a result of this effort, the number of Gene X-pert samples processed increased from 40 last quarter to 103. The project distributed ICF cards and mentored 36 HCW from 10 facilities on intensified TB case finding and management of TB/HIV co-infection. Out of the 13 sites offering TB/ART services, eight have integrated TB/HIV services. During the reporting period, 118 TB cases were detected, of which 114 (96.6%) were tested for HIV with 40 (35%) testing HIV positive and 33 (83%) getting started on ART. The other seven clients are being followed up for preparation for ART.

### 3.1.10 Increased availability of family planning services in public, private sector facilities and communities

The project continued to build the skills of HCW through mentorship focusing on integration of RH and HIV services, FP commodity data management and provision of Long Acting and Permanent Methods (LAPM). In the quarter under review, 81,954 FP clients were served bringing the couple years of protection (CYP) to 53,828 compared to CYP of 28, 998 reported in the previous quarter. New FP clients comprised 26,527 (32%) of those who came for services. Injectable contraception is still the leading method of choice of FP accounting for 43,420 (53%) of the clientele. Cumulatively, the project has reached 157,842 clients translating to a CYP of 82,826. The improved CYP is attributed to more clients taking up LAPM coupled with HCW improved skills.

**Baringo County:** During the quarter under review, there was a slight increase in the number of clients receiving family planning services in the County from 8,098 reported last quarter to 8,459 (32% new clients). Baringo Central and Koibatek sub counties are the highest contributors to this upward trend. There was a decline in the use of Implants and permanent methods; 279 clients received Implants from 397 reported previously, two clients received vasectomy from five reported previously and 92 clients received IUCD as a method of family planning an increase from 51. Depo-Provera is still the leading method of choice for most clients with 6,972 clients served during the quarter.

The CYP declined from 3,156 to 3,084 in the reporting quarter due to the decline in LAPM uptake. The project mentored three service providers in Marigat Hospital and Tenges HC on integration of cervical cancer screening in MCH/CC. Facilities were supported with CECAP registers and clients documentation tools.

**Kajiado County:** The project supported 102 sites offering FP services. During the quarter, five health care providers from five facilities (Kajiado CRH, Kitengela SCH, Ngong SCH, Oloitokitok SCH and Ongata Rongai HC) were mentored on RH/HIV integration. During the mentorship sessions, FP brochures were distributed to the facilities. In this period, 13,391 FP clients were served bringing the couple years of protection (CYP) to 7,707. New FP clients comprised 4,793 (36%) of those who came for services.

**Laikipia County:** The project mentored HCW on FP/LAPM in the supported facilities. During the quarter under review, 10,719 FP clients were served bringing the couple years of protection (CYP) to 4,301. New FP clients comprised 2,275 (21%) of those who came for services. FP CDRR reporting improved from 72% to 90% due to increased mentorship on reporting. The team also worked together with the SCHRIOs to ensure timeliness and completeness of reports. The project was involved in redistribution of FP commodities and reporting tools.

**Nakuru County:** The project supported 176 FP sites in the County (public, private and FBO). Targeted mentorship, integration and commodity security led to improved uptake of long acting and permanent family planning methods. During the quarter under review, 34,974 CYP was achieved compared to 24,096 CYP reported in previous quarter. The contribution of long acting and permanent methods was 84% of the total CYP. Women on modern contraception in the quarter were 44,105 as compared to 40,840 in previous quarter. Injectable method was still the preferred FP method of choice with 22,667(51%) clients served.

The project provided mentorship to 147 HCW at 60 health facilities, disseminated and distributed assorted job aids and guidelines. Mentorship focused on long acting and reversible family planning methods. In the quarter, the project also supported a 3-day orientation to 15 service providers on long-term family methods. In addition, a bridged training for 30 HCW on LAPM was done.

**Narok County:** During the reporting period, the project in conjunction with Funzo Kenya trained 22 HCW on LAPM/ CTU, and plans to train 25 more in the coming quarter. The project procured some basic RH equipment including IUCD and implants insertion/removal kits to enable the trained HCW offer the services as trained.



A total of 5,280 clients were offered FP services, an improvement from 4,279 served last quarter making up CYP of 3,764. New clients comprised 2015(38%) of the clients served. The county continuously experienced stock out of LAPM (IUCDs, Jadelle) and Depo provera injection due to changes in the supply and requisition system. The program supported redistribution of implants and IUCDs from rural health facilities to those with shortages.

### **3.1.11 Increased availability and capacity of functional skilled birth attendants in public and private sectors in health facilities and communities**

The project continued to scale up availability of BEMONC in five counties but prioritizing Narok and Baringo counties. Mentorship and supportive supervision alongside MOH staff was provided to HCW based on the findings of the baseline assessment conducted earlier. The project also supported the counties with key BEMONC job aids, guidelines and SOPs, and procured basis essential equipment for the facilities that were in need. The project will be conducting an end line assessment for these two counties at the beginning of next quarter. The project also provided mentorship on FANC, partograph, Individualized Birth Plan (IBP), AMSTL and essential newborn care at facility level across all the five supported counties; assorted job aids to facilities were distributed.

During the quarter under review, 27,089 pregnant women attended first ANC visit, bringing to 53,764(43% of the annual target) the total reached in the reporting year. A total of 12,681 clients attended four ANC visits and 18,837 delivered under Skilled Birth Attendants (SBA), bringing the achievement of SBD to 38,443(64% of annual target of 60,000).

**Baringo County:** The project supported FANC and Skilled Birth Attendance (SBA) services through mentorship, orientations / CME and OJT. Through the JWP, the Sub-county HMT was supported to provide mentorship orientations/CMEs on EMONC and other MNCH interventions; they reached 36 service providers. Assorted MNCH job aids listed below were disseminated in 20 facilities. During the quarter, 7,492 pregnant women attended ANC services; 2,712 were first ANC visits, 4,780 were re-visits and 1,147 attended four visits. A total of 2,416 women had skilled birth delivery bringing to an achievement of 5,085 (56% of the annual target).

In the next quarter, the project will sensitize CHV in existing community units, disseminate and distribute reviewed fact sheets to CHVs, scale-up M4RH mobile services in existing community units and support health education at facility level to improve FANC services.

After addressing gaps identified during the baseline assessment through mentorship of HCW, the following facilities took up actions to improve MNCH services; Emiling HC improved privacy and care of women in labour, Kimalel introduced incentives (baby shawls) for women delivering at the facility and Kabarnet and Eldama Ravine hospitals were painted and privacy improved. At Timboroa HC, one service provider conducted three assisted vaginal deliveries; previously the cases would have been transferred due to delayed second stage labour.

**Kajiado County:** During this quarter, 112 service providers from Ngong SCH and Kajiado CRH were sensitized on maternal, perinatal death reviews (MPDR). Four MPDR meetings took place in four health facilities, the meetings reviewed perinatal deaths and how to prevent maternal and perinatal deaths. Following BeMONC assessment done in previous quarter, an orientation was conducted to address knowledge gaps identified at Ngong SCH and Kajiado CRH. In addition, a CME reaching 60 service providers was done at both hospitals.

During this reporting period, 5,312 mothers attended their first ANC and 2,496 pregnant mothers attended FANC up to the 4<sup>th</sup> visit. A total of 2,712 deliveries were conducted by a skilled birth attendant (SBA) bringing to a cumulative achievement to 5,389 (47% of annual target) in the reporting year.

**Laikipia County:** The project mentored 46 HCW on FANC and BeMONC at 28 facilities. During mentorship visits, infection prevention and waste management was also addressed; they had been noted

at issues in the previous quarter. In addition, the project supported 12 facilities with job aids and SOPs. A total of 1,068 mothers attended their 4th ANC visits and 1,548 deliveries were performed by a skilled birth attendants compared to 1, 659 last quarter.

**Nakuru County:** The project supported 46 high volume sites to improve the quality of service delivery by mentoring 118 HCW on infection prevention, FANC, Partograph, AMSTL, Magnesium Sulphate and management of obstetric emergencies. The project also disseminated and distributed assorted job aids to the 46 health facilities. A total of 13,356 clients attended first ANC visit as compared to 12,414 clients reported last quarter. In addition, 6,416 clients completed fourth ANC visit compared to 6,702 reported last quarter and 10,534 women received skilled birth attendance as compared to 10891 in previous quarter.

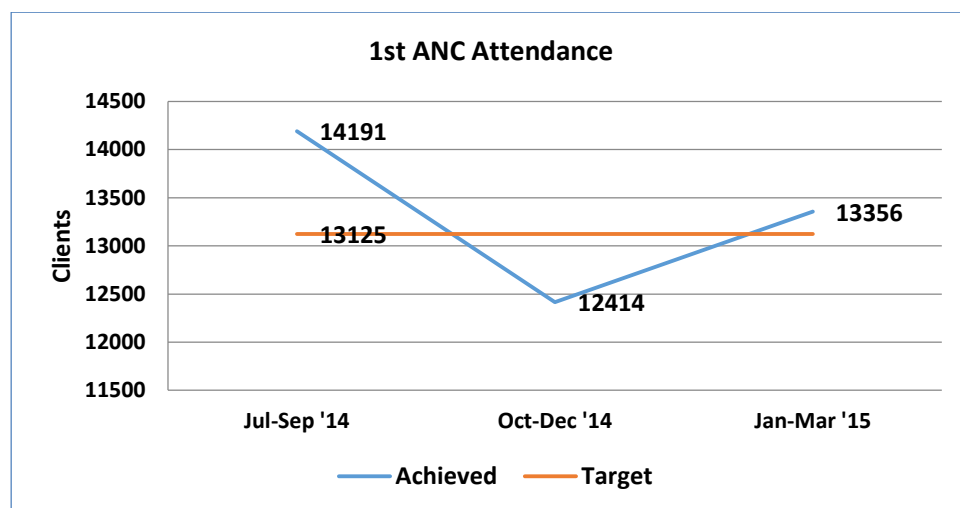


Figure 4: 1st ANC attendance in Nakuru County

**Narok County:** The project supported orientations in seven facilities on BEmONC and two CME in two facilities reaching 65 HCW. During the quarter, HCW at 13 selected 13 BEmONC facilities were provided with mentorship on the seven signal functions. Service providers at the facilities are already practicing the skills taught. Most of them had mobilized resources and ensured availability of supplies, drugs and some equipment e.g. suction machines, examination lamps, maternity linen and MVA kits. In order to meet some identified equipment's gaps, the project procured and distributed ambu bags, delivery kits, stethoscopes, BP machines among others to the selected BEmONC sites. In addition, the project distributed RH, BEmONC, and FANC guidelines and job aids including partographs in the 13 selected sites. In the next quarter, the project will conduct the second phase of BEmONC assessment to assess progress in the 13 selected sites.

During the quarter, 1,610 skilled deliveries were recorded compared to 1,718 last quarter. A total of 3,461 (43 % of annual target) attended first ANC were compared to 3,591 reported last quarter and 1,545 (45% of annual target) attended fourth ANC visitors an increase from 1,084 in the last quarter.

### 3.1.12 Increased availability of essential newborn care and resuscitation, nutrition, safe and clean water at point of use and prevention and management of childhood illness

During the quarter under review, the project supported counties to develop County Nutrition Action Plans (CNAP). The project also provided mentorship and OJT to 231 HCW on nutrition assessment, counseling and support (NACS); growth monitoring; nutrition service and commodity data reporting. In addition, 128 HCW were mentored on essential newborn care, breastfeeding, newborn resuscitation, prevention and management of common childhood emergencies including diarrhea and prevention of childhood illnesses.

During this reporting period, 31,143 children received Penta 3 vaccine bringing the total of those reached in the reporting year to 64,565 (54% of annual target). Additionally, 33,183 children received measles vaccine, 24,277 children under five received Vitamin A compared to 23,588 reported last quarter, 61,524 children were treated for diarrhea and 17,148 treated for pneumonia

**Baringo County:** During the quarter under review, 21 BEMONC facilities were supported with newborn orientation packages and job aids to guide HCWs at facility level. To improve skills on HBB, Kabartonjo Hospital conducted an update on Newborn resuscitation to 15 service providers. Nutrition reporting rates in MOH 713 improved from 81.5% to 83.9%, in MOH733B from 54.2% to 62.5% and in MOH714 from 25% to 33.3%. In the next quarter, the project will continue to mentor staff on nutrition reporting

During this reporting period, 3,597 children received Penta 3 vaccine, 3,840 children received measles vaccine and 5,319 received vitamin A. In addition, 7,683 children were treated for diarrhea and 2,417 treated for pneumonia.

**Kajiado County:** During the quarter under review, 112 service providers at 24 facilities were mentored on newborn resuscitation, management of childhood illnesses and IYCF. Four MPDR meetings at four health facilities were supported to review perinatal deaths and actions needed for prevention of maternal and perinatal deaths. In addition, the project photocopied and distributed nutrition tools including job aids. Ten HCWs at Kajiado DH, Kitengela DH, Ngong DH and Ongata-Rongai were mentored on nutrition service delivery. Nutrition reporting rates in MOH 731 improved from 48% in previous quarter to 67.3% the reporting quarter and in MOH733B from 11.1% last quarter to 25% in the reporting quarter.

During this reporting period, 7,152 children received Penta 3 vaccine, 7,323 children received measles vaccine and 6,660 received Vitamin A supplementation. A total of 12495 children were treated for diarrhea and 4,881 were treated for pneumonia.

**Laikipia County:** During the quarter under review, Nanyuki TRH, Rumuruti SDH and Doldol SDH were facilitated to hold MPDR meetings; Nanyuki TRH audited one maternal death. The project supported all hospitals to hold regular MPDR meetings, orientations and provision of tools to enable timely and quality audits of perinatal and maternal death. Currently, supported sites consistently administer IFAs and dewormers to pregnant women and lactating mothers. However, sometimes the supply has been erratic.

During this reporting period, 2,701 children received Penta 3 vaccine, 2,777 children received measles vaccine and 2,745 received Vitamin A supplementation. A total of 5,546 children were treated for diarrhea and 1,211 were treated for pneumonia.

**Nakuru County:** During the quarter under review, 30 HCW were mentored on nutrition service delivery. In addition, the project facilitated facility nutrition CME and sensitization in nine facilities. . Nutrition reporting rates improved for MOH 713 from 77.1% in the last quarter to 87.3% in the reporting quarter, for MOH 733B from 54% in the last quarter to 73.6% and for MOH734 from 48% to 58.6%. The increased reporting is attributed to mentorship of HCW on service provision, dissemination and distribution of reporting tools, OJT and mentorship of HRIO on timely reporting and uploading of the reports to the DHIS. In addition, the project supported facilities to develop clear work flow charts and minimum nutrition packages. This was done at Nakuru PGH- CCC and T.B. clinic, Subukia HC and Kabazi HC. In an effort to address a parenteral and enteral nutrition gap in Naivasha SCH, a CME reaching 50 HCW was held. Another was held at Langalanga HC reaching 15 HCW. In Naivasha, Vitamin A permanent registers were distributed to different ECD centers; monitor charts were also distributed to MCH. In addition, 120 HCW at 46 sites were mentored on BFHI, IMCI, immunization and neonatal resuscitation. The project also disseminated and distributed job aids/SOPs to 46 health facilities.

During this reporting period, 13,623 children received Penta 3 vaccine, 13,937 children received measles vaccine and 8,280 received Vitamin A supplementation. Fully immunized children were 12,535 as compared to 11,776 in previous quarter. A total of 24,337 children were treated for diarrhea in the reporting quarter compared to 16,039 in previous quarter and 6,357 children under five years were treated for pneumonia compared to 5,453 treated in previous quarter.

**Narok County:** The project conducted BEmONC orientations in seven facilities and two CME in Narok CRH reaching 65 HCW. Twenty-three HCWs at 13 sites were mentored on BEmONC with special emphasis on newborn resuscitation, immediate newborn care, kangaroo mother care, breastfeeding, neonatal sepsis, management of HIV/hepatitis B, syphilis and TB in neonates. Other areas of mentorship included establishment and use of ORT corners, promotion of the use of zinc in the management of diarrhea, baby friendly hospital initiatives. In addition, the project collected from DRH officers and distributed RH/FP job aids and guidelines, vaccines, mother baby booklets. Other materials distributed included job aids on newborn care, Kangaroo mother care, warm chain, Infant NVP (revised PMTCT guidelines and flip charts), danger signs for the baby, infant nutrition for HEI.

During this reporting period, 4,070 children received Penta 3 vaccine, 3,538 children received measles vaccine and 1,273 received Vitamin A supplementation. A total of 9,783 children were treated for diarrhea in the quarter compared to 5,998 treated in the previous quarter. This was as a result of prolonged drought and lack of water in most parts of the County, more so in Narok South Sub County. Additionally, 2,312 children were treated for Pneumonia compared 2,276 reported in the previous quarter.

### **3.1.13: Expanded coverage of high impact interventions for women and men of reproductive age, youth, vulnerable groups, MARPs, mothers, newborns, and children**

#### **Youth program**

During the quarter under review, the project reached 12,236 young women aged 15 to 24 years at 22 sites within Nakuru County (Nakuru central, Bahati, Molo, Njoro, Naivasha and Gilgil) with sister to sister Evidence Based Intervention (EBI). Of those 3,928 accessed various services; 2,301 accessed HTC, 1,046 were screened for cervical cancer, 767 were screened for STI and 581 received family planning services. In addition, 18,528 male and 468 female condoms were distributed. The total project reach for the year stands at 15,360 (40% of annual target).

Out of the 48 trained sister-to-sister facilitators trained in May/June 2014, 32 were active in the quarter. They facilitated sister-to-sister group sessions, one on one information sharing and referred for services. The project in liaison with ministry of health provided outreach services to those being reached with sister to sister sessions; the services included HTC, CaCx screening, family planning/RH and STI screening.

The project collaborated with Family Health Options Kenya (FHOK), Nakuru Rugby Football Club, REPACTED and Kenya Red Cross to reach out to young women aged 15 to 24 years within their youth groups. In the next quarter, the project will collaborate with Yes Youth Can network. The network has 1,300 Youth Bunges in Nakuru County, having 10-20 members each and 40-45% of them being females.

**Laikipia County:** During the quarter, the project reached 693 females aged 15-24 in Laikipia University through the Sister to Sister sessions. The facilitators reached the young women 15-24 years through both one on one and small group session of 3-5 participants. They were reached with messages that focused on safer sex, self-efficacy to negotiate safer sex to reduce HIV and STI infection, unplanned pregnancies and the use of contraceptives.

**Nakuru County:** During the quarter, the project continued to implement Sister to Sister EBI within community youth groups and tertiary institutions, reaching 10,733 young women 15 – 24 years. The project had six health outreaches at Kabarak University Main campus and Rift valley institute of science and Technology main and town campuses, JKUAT Nakuru campus, Longonot View College in Mai-Mahiu and Lake Naivasha Institute in Naivasha. During the outreaches, 1,224 young women were counselled and tested for HIV; nine females turned positive of whom five were first time testers. Of the total number tested, 204 females were first time testers. All those who tested positive were referred for care. During this period, other services offered were cervical cancer screening (1,046), STI screening (1,676) screening for STIs and provision of contraceptive (581). The project also distributed 18528 male and 468 female condoms.

Three planning and review meetings with S2S facilitators were conducted during the quarter and discussions focused on review of past performance, developing action plans for the next quarter, and reporting. Ten supportive supervision visits to S2S facilitators were conducted during the quarter with the view to ensure adherence to the EBI standards, share and address the challenges faced by the facilitators. In addition, consultative meetings with institutions of higher learning were held to discuss the establishment of institutional technical working groups on HIV and AIDS to steer continuity and sustainability of the initiated HIV interventions in those institutions.

**Narok County:** 1,404 females were reached through the Sister to Sister sessions in Maasai Mara University. The facilitators reached the young women through both one on one and small group session of 3-5 participants. . The sessions were also used to increase their risk perception and self-efficacy to negotiate for safer sex and reduce risky sexual behaviors

### **Key Populations**

The project continued to target female and male sex workers (FSW and MSW) and Men who have Sex with Men (MSM) in nine urban areas and three truck stops spread in four counties National Peer Educators Reference Manual for Sex Workers and Safe in the City EBI. The project supported five DICs, three in Nakuru, one in Laikipia and one in Narok. The interventions included peer education and outreach, condom promotion and distribution, risk assessment and risk reduction counselling, HIV testing and counselling, STI screening and treatment, linkage to HIV treatment, family planning services and economic empowerment initiatives. In the current quarter, the project continued to implement the Sister-to-Sister Kenya, an evidence based intervention, to complement the peer education and outreach activities. There are an estimated 9,981 FSW and 245 MSM/MSW in the priority areas.

During the quarter under review, 815 SW were reached with various bio-medical services for the first time bringing the total reached to 1,517 (15% of annual target). Another 136 repeat clients were served. Of these 675 SW accessed HTC services with 22 (3.3%) testing positive and were linked to care; 543 SW were screened for STI, 106 (19.5%) presented with STIs and were treated; and 295 were provided with modern contraceptives in addition to condoms. This increased the total number of FSW served in the October – A total of 111 MSM were reached through small group peer education session.

**Laikipia County:** Interventions targeting SW and MSM were implemented in Nanyuki and Nyahururu towns and trading centers in Laikipia Central and Laikipia West sub-counties with an estimated 1500 SW. During the quarter under review, 126 SW were served at the drop-in center bringing the total served in the year to 680. Of these, 83 SW were tested for HIV with two testing positive. Those who tested positive were linked to the Nanyuki TRH and Huruma Centre for care and treatment. Sixty-one SW were provided with modern contraceptives, 83 SW were screened for STIs with 11 FSW presenting with STIs symptoms; 11 were treated for STI. A total of 9,916 male condoms, 215 female condoms and 1500 sachets of water-based lubricants were distributed.



**Nakuru County:** Interventions targeting SW and MSM were implemented in Nakuru and Naivasha municipalities, Gilgil town, Salgaa, Mai Mahiu, Kikopey and Makutano truck stops. During the quarter under review, 653 SW were reached for the first time bringing the total reached in the year to 1,192. Of these 470 SW accessed HTC with 18 testing positive and they were linked to care. Additionally, 411 were screened for STIs with 85 presenting with symptoms; they were treated for different STI. The SW were served through DICs located in Nakuru Central Business District, Naivasha town and Salgaa truck stop. Ninety-six SW participated in various economic empowerment activities including table banking and saved Kshs. 307,350 through the table banking and SILC groups. The members of the table banking and SILC groups have initiated various small businesses including sale of groceries, second hand clothes, farming among others.

Hotspot mapping is conducted for different sites in the quarter in order to improve coverage and effectiveness in reaching out to FSWs. In partnership with NASCOP, K-NOTE, one of the implementing partner in Naivasha conducted hotspot mapping and listing. Outreach sites were identified and peer educators assigned hotspots. A work plan was developed for the KP activities in the region to ensure appropriate coverage.

**Narok County:** MARPs interventions in Narok County were implemented in two sub-counties namely Narok North and Narok South. During the quarter under review, 172 FSW were served at the DIC; 115 were tested for HIV out of whom four tested positive and were linked to the Narok District Hospital for care and treatment. In addition, 49 SW were screened for STIs and ten treated. A total of 35,504 male condoms and 2,000 sachets of water-based lubricants were distributed.

The SWs were reached through peer education and received services at the DIC located in Narok town and through outreaches targeting major hotspots, which include trading centers in the Maasai Mara Reserve. Hotspot mapping and listing was conducted in the quarter to inform peer education and outreach activities. Outreach sites were identified and a work plan developed for the next two quarters.

### **Voluntary Medical Male Circumcision (VMMC)**

**Nakuru County:** During the quarter under review, VMMC activities were carried out in the three sub-counties, namely, Nakuru central, Naivasha and Molo. Most of the circumcisions were done at static facilities as opposed to the outreach sites. There was less concentration of activities around the flower farms because this was their high season for harvesting and exportation of the flowers. The static sites conducted mobilization for uptake of the service and carried out outreach to Molo SDH and Finlays Medical Centre, once every week. In addition, they tracked defaulting clients. All the three facilities offering VMMC services conducted Internal Quality Assessment (IQA) that included inventory of all the commodities.

In the reporting quarter, 546 clients were circumcised with only one moderate adverse event reported post-operatively. All of the clients were tested for HIV and nine were reactive; they were referred for care at facilities of their choice. Most of those who were circumcised (94%), returned for follow up within the stipulated time and the clients. Those who did not return were tracked using mobile telephone to establish their medical status and discharged appropriately.

The VMMC team participated in the finalization of the Kenya National Strategy for VMMC Program (2014 -2019) organized by NASCOP and MOH. The National VMMC taskforce meetings were also attended in Kisumu and Nairobi to review the activities in the regions. A breakdown of the circumcisions performed is in the table below:

Table 4: Circumcisions by age category

Age group	Total
<1	0
1-9	0
10-14	49
15-19	144
20-24	131
25-29	143
30-49	78
50 +	1
Total	546

## **Community Prevention with Positives activities (CPwP)**

### **Community Prevention with Positives activities (CPwP)**

During the reporting period, the project reached 1,177 PLHIV (80% females) with a minimum package of CPwP messages bringing the cumulative number of clients reached this year to 2,427. As a result of the intervention, 523 PLHIV disclosed their HIV status to close family members; 900 PLHIV have disclosed their status in the reporting year. In addition, 283 partners and 302 children of PLHIV were tested for HIV bringing the total tested in the reporting year to 597 and 655 respectively. A total of 390 PLHIV were screened for TB. During the quarter, 19,817 clients (including children) were served through the 52 link desks compared to 16,478 served in previous quarter. The clients were referred to and from community to facilities and accessed various services. Because of enhanced defaulter-tracing efforts, 255 defaulters were enrolled back to care and treatment in various facilities compared to 114 reported in quarter one. Below are detailed county specific achievements.

**Baringo County:** The project continued to support 40 PLHIV support groups and 18 CPwP service providers in the county. During the reporting period, 223 clients were reached with two messages. As a result of CPwP activities, 57 clients disclosed their status to close family members bringing the total this year to 68; four children and 10 partners of PLHIV were tested for HIV. Through the link desks, 286 adults (31% males) and 91 children (39% males) were referred from the community to facility, 49 PLHIV were referred to support groups and 15 children referred for nutrition support. The link desks supported defaulter tracing for 124 clients who were restarted on ART, bringing the total traced this year to 133.

**Kajiado County:** During the quarter, 228 (85% females) were reached with minimum package of CPwP messages bringing the total reached this year to 383. During the period, 311 PLHIV disclosed their status to close family members compared to 155 reported in quarter one. A total of 144 partners and 179 children were tested for HIV compared to 136 partners and 140 children reported last quarter. A further 281 clients were screened for TB. Through the link desks, 9,821 (63% females) clients were served compared to 9,577 served last quarter. The improvement is attributed to intense support supervision and mentorship to volunteers operating the link desk by project and MOH staff.

**Laikipia County:** During the reporting period, the project reached 338 clients (81% females) with minimum package of CPwP messages out of quarterly target of 883; 720 clients were reached in the reporting year. As a result of the messages, 18 couples and 23 children were tested for HIV. In addition, 16 clients disclosed their HIV status to close family members and 18 PLHIV were screened for TB. The project supported the existing 18 link desks through which 412 clients were served compared to 1,325 last quarter. Only one ART defaulter was traced and re-initiated into care

**Nakuru County:** During the reporting period, 556 PLHIV (76% females) were reached with a minimum package of CPwP messages bringing the total reached this year to 1,228. During the quarter, 60 clients were screened for TB compared to 29 last quarter and 57 screened for STI compared to 25 in quarter one. In addition, 49 PLHIV disclosed their status to close family members bringing to 169 those that have disclosed their status in the reporting year. Four children and 50 PLHIV partners were tested for HIV. The project supported formation of seven PLHIV support groups bringing the total active support groups to 135 with a membership of over 3000. Through the 18 link desks, 8,995 individuals (13% children,) were served. A total of 2,832 individuals (8% children) were referred from community to facility for various health care services and 809 individuals (19% children) were referred from health facilities to community support structures. Additionally, the project traced 130 treatment defaulters who were re-started into care and treatment.

**Narok County:** During the reporting period, the project reached 55 (89% females) clients with CPwP messages bringing the total reached this year to 76. Through CPwP intervention, 23 PLHIV were screened for STI; 20 were screened for TB and 90 disclosed their status to close family members. In addition, 92 children and 61 PLHIV partners were tested for HIV compared to 107 and 71 respectively tested last quarter. Through the six link desks 106 clients (70% females) among them 27 children were referred from the community to the facility and 106 clients (62% females, 27 children)) were also referred from the facility back to the community support structures.

### **RESULT 3.2: INCREASED DEMAND FOR AN INTEGRATED PACKAGE OF QUALITY HIGH IMPACT INTERVENTIONS AT COMMUNITY AND HEALTH FACILITY LEVEL**

#### **3.2.2 Increased capacity of Sub-counties to develop, implement and monitor customized communications strategy**

The project in partnership with APhiAplus HCM continued to support BCC committee to develop messages and materials to respond to emerging needs and monitor ongoing BCC activities. In collaboration with HCM, the project supported a meeting in Narok.

**Narok County:** The project supported the BCC committee to review progress made in the implementation of health promotion activities in the county; 15 committee members attended the meeting. The committee reviewed the Cholera campaign and developed a fact sheet for use by community health workers in their awareness creation activities.

### **RESULT 3.3: INCREASED ADOPTION OF HEALTHY BEHAVIORS**

#### **3.3.2 Expanded high-end interventions for populations made vulnerable by gender and SGBV**

During the quarter under review, 250 (94% females) survivors were attended to and received various services such as emergency contraception, STI screening and treatment, HIV testing and counseling, trauma counseling and referral for other services. Cumulatively, 524 survivors have been served in the reporting year in five counties. Additionally, 530 (53% females) service providers were sensitized on the revised SGBV data tools. Site support supervision was conducted in 58 facilities of which, 25 were tier one facilities, and 97% (33) were tier two facilities. Feedback was given to the management and the service providers. A total of 55 survivors attended four therapeutic support groups meetings. The project also supported data tools dissemination in two counties (Nakuru and Laikipia).

Of the 250 survivors attended to in the quarter, 100% received trauma, adherence counseling and HIV testing and counseling; 92% received PEP but 8% of the survivors did not receive PEP because

they presented after 72 hours; 99.6% received STI Treatment and all survivors eligible for ECP were offered the service. No survivor tested HIV positive in the first visit. Two survivors attended to were People Living with Disability. Three perpetrators were offered SGBV services without discrimination according to National Guidelines on Sexual violence management. A cohort analysis from of survivors served in Oct to Dec quarter from four facilities (Nanyuki TRH, Gilgil SCH, Molo SCH and Kajiado CH) indicates that no survivor seroconverted after the sexual violence or tested pregnancy positive. Eighty four percentage of the survivors completed PEP while 86% of the survivors reported to the police but 14% of the survivors did not report to the police.

Below are achievements per county.

**Baringo County:** In the reporting quarter, the project supported the dissemination of the revised SGBV data tools to County and Sub county HMT and HCWs to enhance documentation and quality delivery of SGBV services; 44 (48% females) service providers were reached. The key issues identified during the dissemination include lack of data summaries at the bottom end of the SGBV register (MOH 365) and lack of data entry into the DHIS. The SCHRIO were tasked by the county HIRO and the County Director of Health to ensure the data is entered into the DHIS on a monthly basis. Site support supervision and mentorship was carried out in Eldama Ravine SCH, Mercy Mission Hospital, Marigat Sub County Hospital, Kabarnet CH and Mogotio SCH; feedback was given to the Health Management Teams and actions plans for corrective actions on the gaps identified developed. During the quarter under review, 27 survivors of sexual violence were served. All survivors received trauma counseling, PEP, HIV testing and 100 % of the eligible clients received ECP.

**Kajiado County:** During the reporting quarter, the project supported the dissemination of the revised SGBV data tools to 106 (70% females) HCW at Kajiado CH to enhance documentation and quality delivery of SGBV services. Lack of data entry into the DHIS was identified as the main issue. The SCHRIO were tasked by the County HRIO to ensure the data is entered into the DHIS on a monthly basis. During the dissemination, five revised SGBV Registers (MOH 365) and five PRC forms (MOH 363) were issued in Kitengela SCH, Ngong SCH, Ongata Rongai HC, Loitokitok SCH and Kajiado CH. The project supported the MOH to conduct CME on clinical management of sexual violence in Ngong SCH reaching 50 (74% females) service providers. In addition, 24 survivors of violence received trauma counseling, STI treatment and HIV testing and counselling; 96% received PEP and STI treatment; 4 % did not received because of late presentation and 100 % of the eligible clients were given ECP.

**Laikipia County:** During the reporting quarter, the project disseminated revised SGBV data tools carried out site support supervision and mentorship to HCW at Ndindika HC, Ngarua HC, Oljabet HC, Rumuruti SCH and Nanyuki TRH. A total of 162 (63% females) HCW were sensitized on the revised SGBV data tools with the key issues identified as: inconsistency of indicators on the Monthly summary tool (MOH 364) and DHIS. The County HIRO and reproductive health coordinators to give feedback to National Monitoring and Evaluation team for harmonization of the indicators. The project supported therapeutic support group meeting with 14 survivors including parents and guardians at Nanyuki TRH. The RH coordinator mentored 20 CHW on SGBV to enhance identification, referral and linkage of the survivors from the community, facility and legal services. Twenty nine survivors were served in the quarter. All of them received trauma counseling, HIV Testing and Counseling, STI treatment. All (14) who were eligible for ECP were provided with the service. Ninety seven percent of the survivors received PEP while 3% did not receive PEP because they presented after 72hours. One perpetrator of violence was served too.

**Nakuru County:** During the quarter, the project supported dissemination of the revised SGBV data tools, site support supervision and mentorship to 106 (73% females) service providers in Gilgil SCH, Bahati SCH, Subukia SCH, Kabatini HC, Njoro HC and Rare HC to enhance delivery of

quality SGBV services. Twelve SGBV registers (MOH 365) and PRC forms (MOH 363) were distributed. Supervision was also supported in Kabarak HC, Mogotio HC and Rongai HC and feedback was given to the management. Support supervision was also carried out nine sites (Molo SCH, Elburgon Hospital, Rongai HC, Kabarak HC, Mogotio HC, Njoro Health Centre, Mau Narok Health Centre, and Egerton University Clinic) and feedback given to the HMT. In addition, the project in collaboration with Nakuru County GBV/HIV Technical Working group and other GBV actors in the county participated in International Women's Day celebrations whose theme was **"Make it happen"**. During the celebrations, 372 people (150 women leaders, 144 pupils and 30 PWD and 48 CHW) were sensitized on SGBV. In the quarter, the project also sensitized 2,120 young women and girls aged 15 to 24 on SGBV during sister-to-sister activities. This was to enhance SGBV prevention and response by the young women and girls.

All the 150 survivors of violence received HTC testing, trauma counseling and STI treatment; 100 % of the eligible clients received ECP and 85% received PEP. Fifteen percent of the survivors did not receive PEP because they presented after 72 hours. Two PWD and one perpetrator were served.

**Narok County:** The project supported site support supervision, mentorship and dissemination of the revised SGBV data tools to 15 County/SC HMT members and 49 (45% females) service providers. The revised PRC data tools (PRC form and SGBV register) were distributed in Ololulunga SCH and Narok CH. Supervision feedback was given to the management team and action plans developed to address the identified gaps. The project also supported therapeutic support group meeting of 15 females at Narok County Hospital to enable the participant to share their feelings and thoughts following a traumatic event like sexual violence. During the quarter, 20 survivors of sexual violence were served; all of them received PEP, trauma counseling, STI treatment. All (14) eligible clients received ECP.

### **RESULT 3.3: INCREASED PROJECT EFFECTIVENESS THROUGH INNOVATIVE APPROACHES**

**Koibatek Study Update:** The project tested an innovative approach that combined mobile phone text messages and GIS maps in a community-based intervention to improve care for pregnant women. With the objective to increase completion rates of the minimum required 4 antenatal visits by pregnant women, increase delivery by skilled attendants at health facilities and increase postpartum care of mothers by health care workers at health facilities. The approach was informed by findings from a formative assessment that was carried out prior to the intervention, in the same area identifying in part, key socio-cultural factors that influences health seeking behaviors for maternal & newborn care services. The intervention was implemented at Emining, Ngubereti and Solian health centers and community units. The control sites were Torongo HC, Timboroa HC and Simotwet Dispensary.

The intervention entailed designing a digital data collection tool for a mobile phone using questions found in the mother baby booklet. In addition, added features for e.g. Geographical location data – the physical address of the pregnant mother at the time of enrollment, as well as photos of the homes of the enrolled pregnant mothers was captured. Messages were developed for ANC/PNC clients and the project engaged 18 CHVs within three CUs to collect data. CHWs were trained on community MNCH and family planning and service providers were oriented on MNCH, HII, AMSTL, and Partograph. They were also given updates on the mother baby booklets, and provided with mentorship on MNCH.

During the quarter under review, the intervention was finalized and data reviewed. The results showed that more women were completing the recommended four ANC visits (40 %) compared to



control sites which recorded 5%. This figure compares well with the county average of 54.5 %. This means that nearly half of the pregnant women are seeking ANC services and therefore, able to receive a more comprehensive package including eMTCT. Additionally, 91 % of pregnant women in the intervention site were delivered by SBAs compared to 3 % who delivered at home. This figure surpassed the national figure of 62% and the Baringo County rate of 54%.

## **RESULT 4: SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF TARGETED COMMUNITIES AND POPULATIONS**

### **4.1.1 Increasing access to economic security initiatives to marginalized, poor and underserved groups**

During the reporting period, 14,201 adults and children benefitted from household economic strengthening (HES) interventions compared to 11, 286 reached in quarter one; 25,487 individuals (169% of annual target) have been reached in the reporting year. The achievement is attributed to intensified mobilization for SILC activities, which resulted in 50%, increase in SILC group membership. The CHV also intensified their engagement with caregivers at household level because of the introduction of caregiver service and monitoring tool (F1B).

During the quarter, the project supported 2,937 HH to initiate IGA bringing the total supported this year to 3,302; 700 HH were linked to MFIs for financial and technical support bringing the total this year to 1,196. A total of 545 caregivers and older OVC were reached with financial literacy education aimed at improving their entrepreneurial skills, thus bringing the cumulative number reached in the year to 1,078 individuals. In addition, 69 new SILC groups were formed bringing the total number of groups to 757. The cumulative savings stood at Ksh. 37, 572,391 compared to Ksh. 36,194, 458 reported in quarter one. A total of 11,326 HH participated in SILC thus benefiting 18,391 OVC (49% males) compared to 15,617 OVC reported in quarter one. The benefits to OVC included payment of schools fees, scholastic materials and provision of food by their caregivers who participated in SILC. Below are detailed county specific achievements:

**Baringo County:** The project reached 941 individuals with HES activities compared to 706 reached in quarter one. One new SILC group with membership of 15 individuals was formed bringing the cumulative number of groups to 31. Cumulative savings stood at Ksh. 476, 223 compared to Ksh. 713,673 in previous quarter. Eight groups shared out their savings in the month of January leading the reduction in savings. A total of 445 OVC caregivers (83% females) participated in SILC, benefiting 1,264 OVC (48% females). In addition, 460 OVC HH initiated various IGA (green grocery, poultry keeping and retail shops), 95 caregivers were linked to MFIs for financial services, and 100 caregivers were reached with financial literacy through Post Bank, Jifanikishe and Hand in Hand East Africa. Through collaboration with the Children Department, 49 OVC HH were enrolled to GOK Cash Transfer program. The project further reached 18 older OVC with job market skills out of whom seven OVC were linked to job opportunities. Additionally, 115 caregivers were reached with business skills; 62 were linked to Uwezo funds and other enterprise funds and 54 were linked to markets for sale of their produce.

**Kajiado County:** During the reporting period, the project reached 1,375 individuals with HES interventions against quarterly target of 409. The trained SILC filed agents and Private Service Providers (PSPs) continued to supervise SILC groups and offer technical support. There were 21 new SILC groups formed during the quarter bringing the total to 240 with accumulated savings of Ksh 6.16 million; the loan value stood at 5.5 million compared with 5.1M reported last quarter. Through SILC, 2,772 OVC from 1,350 HH benefitted from HES activities through school fee payment, purchase of scholastic materials and food, and health care. In addition, the project linked 147 members to MFI and 81 were trained in financial literacy. Through collaboration with DCS, nine highly vulnerable HH were linked to GOK cash transfer program bringing the total benefitting HH to 165. This is attributed to participation of the project in the Kajiado County Social Assistance committee and the good working relationship with Department of Children Services.

**Laikipia County:** During the quarter, 1,255 individuals were supported with HES interventions against a quarterly target of 300. Of these 988 HH were supported to initiate various IGA. The

cumulative SILC savings stood at Ksh.675, 615, an increase from Ksh. 632, 665 reported last quarter. A total of 281 OVC HH participated in SILC benefitting 1,355 OVC. In addition, the project facilitated a three-day refresher training for 21 LIP staff and Field Agents in order to improve SILC service delivery and reporting.

**Nakuru County:** During the quarter under review, 4,382 individuals benefitted from HES initiatives out of a quarterly target of 4,950 compared to 4,176 last quarter. The project supported 269 HH to initiate IGA bringing the total to 450. A total of 350 individuals were linked to various MFI for financial and technical support. Five new SILC groups were formed bringing the total number of SILC groups to 194 with cumulative savings of Ksh 8,575,809 compared to Ksh. 8,182,932 reported in previous quarter. There were 4,176 OVC HH caring for 9,274 OVC participating in SILC groups.

One caregiver from Naivasha who joined SILC in 2013 saving only Ksh 200 at the time borrowed Ksh 10,000 from her SILC group and added Ksh 5000 that enabled her buy dairy cow. The cow has now matured and is producing between 8 to 10 litres of milk daily that she sells at Ksh 45 per litre enabling her to meet her basic needs and save even more in SILC

In addition, KCC Morendat and Glory to God SILC groups benefitted from Uwezo fund receiving Ksh. 160,000 and 150,000 respectively to create a revolving fund for members to borrow at agreed upon interest rate.

#### ***Youth Employability initiative (YEI) January – March 2015 Report***

During the quarter under review, the project finalized and signed Memorandum of understanding (MOU) with Bedi Investments, D. Light Solar Company and Digital Opportunity Trust. The three organizations will offer technical skills through training and apprenticeship to youth enrolled in the youth Employability Initiative in order to enhance their opportunities to secure employment. In addition, the Soft Skills Manual was finalized and desktop publishing done. Trainers were oriented in the use of the manual. A total of 142 youths (62% males) out of the 160 selected youth were equipped with soft skills (personal management and development skills, interpersonal and relationship skills, decision making and problem solving skills and marketability and workplace skills) through a 10 day work shop training. Follow-up meetings were held with employers to discuss youth placements for technical training and apprenticeship. Out of those discussions, 16 youth will be joining Bedi textiles and 37 Digital Opportunity Trust in the next quarter. Discussion were also held with Ministry of Agriculture's Youth in Agri-Business team, on how to place youth who expressed interest in Agriculture. In the next quarter, the project will collaborate with Ministry of Agriculture's Agricultural Sector Development Support Programme (ASDSP) to mentor youth in Agriculture and link them to Government revolving funds and other lending microfinance institutions.

**Nandi County:** During the quarter under review, the project reached 2,244 individuals with HES interventions against a quarterly target of 497. The excellent performance is attributed to formation of 29 new SILC groups bringing the total number of SILC groups to 136 with 2,968 individuals participating. The groups cumulative savings stood at Ksh. 13,365,463 compared to Ksh. 11,369,338 reported last quarter. In addition, 108 OVC caregivers were linked to MFI bringing the total this year to 318 and 364 individuals were trained on financial literacy bringing the total this year to 446. A total 85 OVC were reached with job market skills; 27 OVC were linked to job opportunities.

**Narok County:** During the quarter, the project reached 4,004 (72% females) adults and children with HES initiatives. Thirteen new SILC groups were formed bringing the total to 134 with cumulative savings of Ksh. 8,319, 281 compared to Ksh. 7,742,064 reported last quarter; 2,445 OVC (51% males) benefitted from SILC through improved household income which enabled caregivers to provide for their basic needs. For instance, because of their participation in SILC, 24

caregivers enrolled their children in secondary schools and met all the expenses and four caregivers from Naroosura paid up their land demarcation fees amounting to Ksh 26,200 each.

#### **4.1.2 Improving accessibility to local markets by eligible households for revenue generation and sustainability**

During the reporting period, the project linked 319 HH to local markets bringing the total reached this year to 732 (73% of annual target). The project facilitated joint support supervision to 24 greenhouses across the project sites. The greenhouses were at different stages of production in their second season. During the quarter, six of the greenhouses managed to harvest 485 kilograms of tomatoes that were sold for Ksh. 34,000. Below are detailed county specific achievements:

**Baringo County:** During the reporting period, the project linked 54 HH to local markets to sell their various products like potatoes, onions and charcoal against a target of 35 individuals. Cumulatively 148 individuals have been reached so far against an annual target of 107.

**Kajiado County:** The project linked 28 HH to local markets against a quarterly target of 35 HH. Cumulatively, 55 HH have been linked against an annual target of 140. A group of 35 caregivers trained in value addition in the previous quarter received Kenya Bureau of Standards (KEBS) stamp of approval for their products enabling them to access established markets such retail stores and supermarkets.

**Laikipia County:** During the quarter under review, four out of six groups supported with green houses harvested tomatoes, which they sold to local markets.

**Nakuru County:** During the quarter, the project linked 31 HH to local markets for sale of eggs and vegetables bringing the total linked to 61 HH. The project continued to conduct monitoring and support supervisor visits to the 11 greenhouses.

**Nandi County:** The project linked 136 HH to local markets including the forest department; one group of 16 members sold 80,000 seedlings at Ksh. 5 each.

**Narok County:** During the period under review, the project through the implementing partner staff linked 30 HH to commodity markets; 116 HH have been linked in the reporting year. The caregivers were linked to Ntulele and Ololulunga markets where they secured stalls for selling cereals, vegetables and other groceries.

#### **4.2.1 Increased food security, improved nutrition and sustainable livelihoods amongst the target groups**

During the quarter under review, the project reached 11,829 HH (118% of annual target) with food and nutrition education. The project trained CHV on use of MUAC to assess nutrition status of children under five years. As a result, 3,918 children under five years (42% females) were assessed compared to 3,330 children assessed in the previous quarter. Out of those assessed, 118 children (52% females) were severely malnourished; they were referred to health facilities for further management. Follow up is ongoing and progress will be reported in the next quarter. A total of 1,076 new kitchen gardens were established bringing the total to 2,482 initiated in the year. In addition, the project supported 45 Junior Farmer Field Life Skills (JFFLS) with 622 members. Below are detailed county specific achievements:

**Baringo County:** During the quarter under review, the project reached 968 OVC HH with food and nutrition education against quarterly target of 200. A total of 2,631 HH have been reached in the reporting year. The project supported 326 HH to establish kitchen gardens bringing the total

this year to 907. In addition, 188 OVC (54% females) were assessed using MUAC; 34 OVC (62% females) were moderately malnourished and were referred for further management.

The project in collaboration with MoH – Nutrition department conducted an orientation on paediatric nutrition and assessment to 18 CHV. The project in collaboration with MOAL&F supported 77 caregivers (16 % males) to make tea manure. In addition, 73 OVC HH were supported with farm inputs (seedlings and tool kits) while 61 others received food aid from stakeholders.

**Kajiado County:** During the reporting period, the project reached 3,930 HH with food and nutrition education. The project trained CHV on nutritional assessment and rolled out use of MUAC tapes to assess nutritional status of OVC. During the reporting period, 911 OVC (49% females) were assessed and 43 were malnourished; they were referred for further management.

**Laikipia County:** During the quarter under review, the project reached 1,594 HH with food and nutrition education compared to 1,519 reached last quarter. Using MUAC tapes, the CHVs conducted assessment for 576 OVC (50% females) below five years of age. Nine OVC suffered from moderate malnutrition; they were referred to health facilities for management. On follow up, two children recovered while four are still on supplementary feeding. Four greenhouses harvested 182 kilograms of tomatoes, which were consumed at HH level and surplus sold for income. Through QI initiatives, the project assisted 20 HH with 35 OVC (46% females) to establish kitchen gardens to ensure constant supply of vegetables for the families.

**Nakuru County:** During the quarter under review, the project reached 3,404 HH with food and nutrition education against a quarterly target of 700 HH. A total of 293 new kitchen gardens were established. In addition, 439 individuals were trained on poultry management. The project supported MUAC assessment for 1,715 children (50% females) compared to 1,731 children in the last quarter. Twenty-six OVC (46% females) were malnourished; they were referred to the health facilities for management. On follow up visits, the nutrition status of 17 OVC had improved from moderate malnutrition to normal. The project continued to support 12 JFFLS (178 members) with life skills education and agricultural skills in partnership with the ministry of education and MOAL&F.

**Nandi County:** The project reached 967 OVC HH with food and nutrition education against a target of 250. A total of 1,853 HH have been reached this year. A total of 178 kitchen gardens were established compared to 152 in the previous quarter. In addition, 116 CHV were supplied with MUAC tapes and trained by the project. They assessed 379 OVC (50% males); two OVC were malnourished and were referred for further management. Ninety three OVC HH received farm inputs from Ministry of Agriculture and 74 others received food aid. Additionally, 55 OVC caregivers (62% females) taking care of 168 OVC (51% females) were sensitized on early farm preparation and use of quality seeds by the project in collaboration with MOAL&F staff.

**Narok County:** During the quarter, 966 HH were reached with food and nutrition education against quarterly target of 450. Further, 279 new kitchen gardens were established bringing the total this year to 693. During the period, 149 OVC (57% females) were screened using MUAC tapes and none was found malnourished. In addition, three clubs with a total membership of 131 members, (50% females) benefited from support supervision from project staff; 39 members of one club succeeded in replication of what was learned in the club at household level.

#### **4.3.1 Increased access to education, life skills and literacy initiatives for highly marginalized children, youth and other marginalized populations**

During this reporting period, the project provided 12,825 OVC (55% females) with education and vocational training support, totaling to 20,354 OVC (68% of annual target) reached this year. The



achievement is attributed to enhanced QI initiatives and leveraging for resources in support of school access. A total of 4,521 OVC received school fees support; 4,054 OVC were supported to enroll back to school; 1,248 OVC received school uniforms; 1,437 benefitted from financial education and literacy training; 1,133 girls benefitted from sanitary towels; 387 OVC received other scholastic materials and 45 benefitted from vocational training support.

On education transition, 2,742 OVC (49% females) sat for Kenya Certificate of Primary Education (KCPE) last year and 2,373 (51% females) transitioned to secondary school which is an 86.5% transition rate. In addition, 1,505 OVC (47% females) sat for Kenya Certificate of Secondary Education (KCSE) in 2014 and 483 OVC (32%) scored grade C plus and above. A total of 134 OVC were assisted to apply for Equity Wings to Fly Scholarships; 25 OVC (64% females) were successful. Below are detailed county specific achievements:

**Baringo County:** During the quarter under review, the project provided 806 OVC (55% females) with educational and/or vocational training support bringing the total reached in the year to 1,124 OVC (34% of annual target). During the quarter, 272 OVC were supported with school fees. In addition, 178 girls received sanitary towels, 43 OVC received scholastic materials from the Ministry of Education and Child Welfare Society and 238 OVC enrolled back to school after follow-up by CHV. A total of 72 OVC participating in JFFLS and Life POA clubs were reached with life skills and three received vocational training support.

On education transition, 324 OVC (42% females) sat for KCPE last year and 280 OVC (86%) transitioned to secondary schools. Out of 158 OVC (45% females) who sat for KCSE in 2014, 63 OVC scored C plus and above.

**Kajiado County:** During the reporting period, 4,743 OVC (53% females) were reached with education support against quarterly target of 1,200, bringing the cumulative number reached to 7,357 against annual target of 4,200. A total of 1,346 OVC received secondary school fees; 1,193 OVC received school uniforms, 161 girls received sanitary towels, 1,434 were supported to enroll back to school, 516 benefitted from financial education and 85 OVC benefited from scholastic materials. On school transition, out of 520 OVC (49% females) who sat for KCPE last year, 456 (49% females) transitioned to secondary schools; 87.6% transition rate. Eight of the OVC applied and were awarded Equity Wings to Fly Scholarship. In addition, 20% of 285 OVC who sat for KCSE in 2014 managed to score grade C plus



Section of OVC in Kajiado in their new school uniform

In the previous quarter, the project had implemented block grant in two private primary schools in Rongai. The grants took effect in January 2015 and will run for a year up to December 2015. The arrangement will see 36 OVC (58% females) maintained in school with a waiver of about Ksh. 17,444 per child translating to Ksh. 628,000. Each school received Ksh. 100,000; the funds were spent on improving the school kitchens, pavements and construct a toilet block for the children including a urinal for boys.

**Laikipia County:** During the reporting period, the project reached 512 OVC (72% females) with education support bringing the total reached this year to 853 against annual target of 2,400. A total of 176 OVC were supported to enroll back to school, 85 OVC benefited from secondary school

fees, 11 received scholastic materials and 10 financial literacy education. In addition, 17 OVC received vocational training support while 213 girls received re-usable sanitary towels that are expected to last for the next two years.

Out of 248 OVC (46% females) who sat for KCPE last year, 236 OVC (95% transition rate) transitioned to secondary schools. In addition, 133 OVC (47% females) sat for the KCSE examination; 53 (39%) scored C plus and above.

**Nakuru County:** During the reporting period, the project provided educational support to 2,198 OVC (55% females) bringing the total reached this year to 4,858 (49% of annual target). A total of 848 OVC received secondary school fees support; nine benefitted from vocational training support; 605 received financial education and literacy training; 86 OVC received scholastic materials and 32 girls received sanitary pads. In addition, 613 OVC were supported to enroll back to school and five received school uniforms.

On education transition, 979 OVC (53% females) out of the 1,091 OVC (53% females) who sat for the KCPE, transitioned to secondary school. Out of 60 OVC who applied for Equity Wings to Fly, nine (five girls) were successful. In addition, 191 OVC (32%) out of 604 OVC who sat for KCSE got C plus and above.

**Nandi County:** The project reached 1,444 OVC (50% females) with education bringing the total reached this year to 1,524 (38% of annual target). Out of the total served, 549 OVC were supported to enroll back to school, 556 OVC were given school fees, 48 received school uniform, five vocational training, 24 girls received sanitary towels and 146 received scholastic materials. In addition, 116 OVC participating in JFFLS clubs were reached with life skills education.

On education transition, 224 (50% females) out of 248 OVC (52% females) who sat for KCPE last year transitioned to secondary school; 90% transition rate. In addition, 75 of the 160 OVC who sat for KCSE in 2014 scored grade C plus and above.

**Narok County:** During the reporting period, 3,122 OVC (55% females) received education support bringing the total reached this year to 3,596 (67% of annual target). The project supported 1,414 OVC with secondary school fees, 525 girls with re-usable sanitary towels, 118 OVC with financial literacy education and three with vocational training. A total of 1,044 OVC were supported to enroll back to school through counseling and caregiver engagement to support school attendance. Out of 311 OVC (43% females) who sat for KCPE last year, 198 (664% females) transitioned to secondary schools. In addition, 45 out of 165 OVC scored C plus and above on their KCSE exams; 27% pass rate.

#### **4.4.1. Enhanced access to improved water supply and sanitation (water, sanitation and hygiene)**

During the reporting period, the project reached 12,908 HH with WASH messages bringing the total reach in the reporting year to 24,382 HH (108% of annual target and 76% of all OVC HH). A total of 27,949 HH (116% of annual target and 87% of all OVC HHs) treated drinking water. Of these, 2,045 OVC HH received water treatment kits (water guard and safe water Jerrican) from the MOH compared to 1,805 reached in previous quarter. In addition, 29,774 HH (109% of annual target and 93% of all OVC HH) had access to functional latrines and 28,180 HH (117% of annual target and 88% of all OVC HH) had hand-washing facilities. The success in delivery of WASH interventions was due to the capacity building for CHV on WASH including provision of WASH counseling cards, and the roll out of HH monitoring tool (F1B). Below are detailed county specific achievements:

**Baringo County:** The project reached 808 HH with WASH messages against quarterly target of 723, bringing the total to 1404 this year. A total of 177 OVC HH received water treatment kits from the MOH compared to 151 in previous quarter. As at the end of the quarter, 2,467 HH (85% of OVC HH) were treating drinking water. A total of 2,669 OVC HH had access to functional latrines against annual target of 2,992. In addition, 2,506 HH (86% of all OVC HH) had hand-washing facilities, compared to 2,358 reported in the previous quarter.

**Kajiado County:** During the reporting period, the project reached 2,553 HH with WASH messages against quarterly target of 1,440. By the end of the quarter under review, 4,880 HH (84% of OVC HH) were treating drinking water. Of these, 579 OVC HH received water treatment kits from the MOH bringing the total this year to 1,044. In addition, 5,338 HH had access to functional latrines and 4,877 HH (85% of all OVC HH) had hand-washing facilities, compared to 83% reported last quarter.

**Laikipia County:** The project reached 1,550 HH with WASH messages against quarterly target of 1,061. By the end of the quarter, 3,806 HH (89% of OVC HH) were treating drinking water against annual target of 3,196; of these 87 HH received water treatment kits from the MOH. In addition, 4,021 HH (94% of OVC HH) had access to functional latrines, which is an increase from 3,971 reported in previous quarter. A total of 3,984 HH (93% of all OVC HH) had hand-washing facilities, compared to 3,908 reported in past quarter.

**Nakuru County:** The project reached 6,095 HH with WASH messages compared to 6,801 reached last quarter. By the end of the quarter, 10,551 HHs (90% of OVC HH) reported treating drinking water; of these 793 HH received water treatment kits from the MOH. In addition, 11,280 OVC HH had access to functional latrines, and 10,500 HH had hand-washing facilities.

**Nandi County:** During the reporting period, the project reached 892 HH with WASH messages against quarterly target of 568. By the end of the quarter, 1,909 HH (83% of OVC HH) reported treating drinking water compared to 49% last quarter; of these, 234 HH received water treatment kits from the MOH. In addition, 2,065 OVC HH had access to functional latrines compared to 2,121 reported last quarter. A total of 1,887 HH (82% of all OVC HH) had hand-washing facilities, compared to 86% reported last quarter.

**Narok County:** The project reached 1,010 HH with WASH messages against quarterly target of 1,265. This was a significant increase from 144 reached in previous quarter because of intense follow up and support supervision of CHV and caregivers. As at the end of the quarter, 4,335 HH (86% of OVC HH) treated drinking water; of these 175 HH received water treatment kits from the MOH. In addition, 4,401 OVC HH had access to functional latrines against annual target of 4,896, which is a significant improvement from 4,083 last quarter. A total of 4,426 HH (87% of all OVC HH) had hand-washing facilities.

#### **4.5.1 Increased access to quality protective services to survivors of sexual assault, child maltreatment and children without adequate family care**

During the reporting period, the project served 82,013 OVC (98% of active OVC and 92% of annual target) with various services; 28,294 received one or two services while 53,719 received three or more services. A total of 6,987 OVC were not served because 1,311 OVC were recruited and their data entered in OLMIS towards the end of the quarter but had not been reached with any service. The project also recruited 5,676 new OVC in Nakuru County and entry into OLMIS had not been finalized by the end of the quarter.

The project supported 354 OVC to access HTC services bringing the total number of active OVC with known HIV status to 75,847 (90% of active OVC). A total of 3,211 HIV positive OVC (95%) were linked to care and treatment. The variance of 169 HIV positive OVC were not yet linked for care and treatment as they were either newly recruited with already known HIV status or tested HIV positive during the quarter and were in the process of being linked (see figure below)

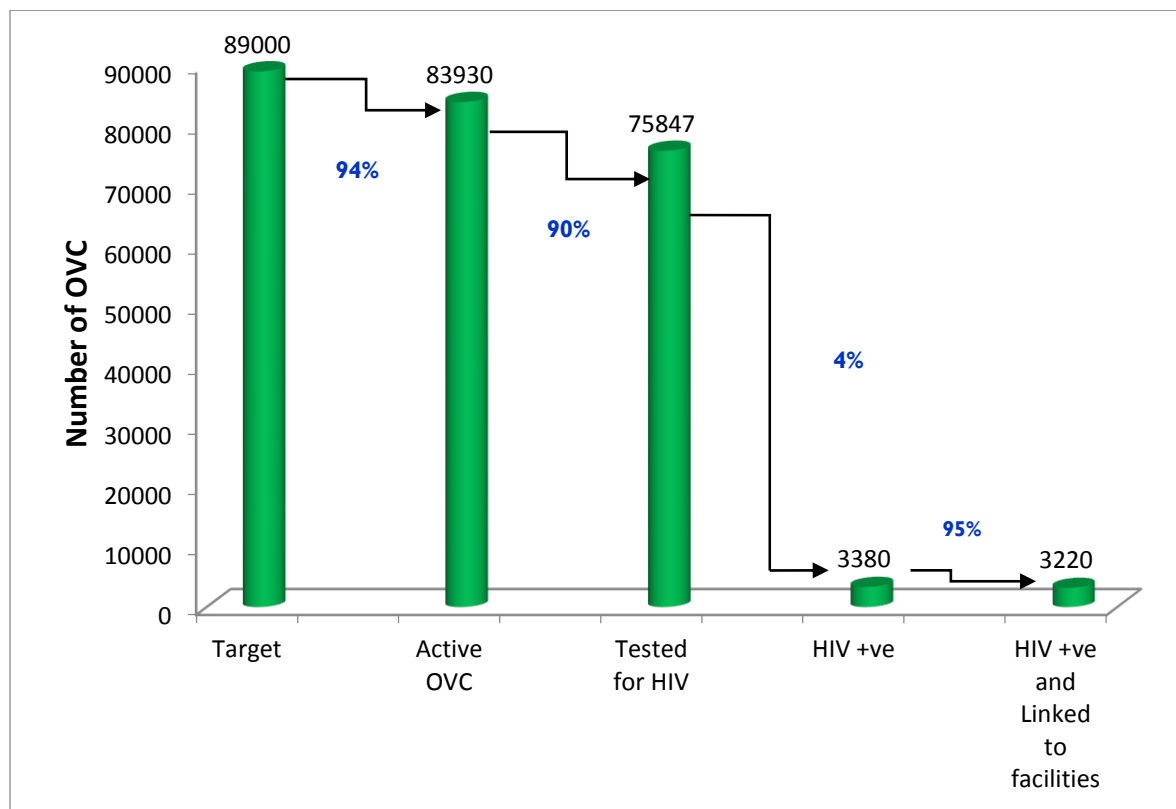


Figure 5: OVC Care and Treatment status

The project also provided psychosocial support to 56,123 OVC, healthcare referrals and treatment to 2,540 OVC and shelter and care support to 36,923 OVC. Of the OVC benefitting from shelter and care, 22,139 received canvas shoes (TOMS Shoes) while 4,418 benefitted from shelter renovation. Below are detailed county specific achievements:

**Baringo County:** During the reporting period, the project reached 7,773 OVC (49% females) with the services; 1,615 OVC (50% females) received 1 or 2 services and 6,158 OVC (48% females) received three or more services. A total of 296 were not served because 100 were newly registered by end of quarter while 192 were in the final phase of transitioning and were exited in the early part of the quarter. Four OVC were not reached due to relocation. During the reporting period, the project facilitate HIV counseling and testing to 133 OVC bringing the total tested to 6,343 (82% of active OVC). Cumulatively, the project supported 304 HIV positive OVC with 96% linkage to facilities for care and treatment.

The project facilitated community interventions through Local Area Advisory Councils (LAAC) and supported rescue operations for 172 OVC from abusive environment. A total of 6,372 OVC were mentored by older/responsible person; 2,114 OVC who did not have adequate adult caregiving were linked to adult caregivers; 5,229 OVC were reached with life skills education; 4,690 OVC were reached with age appropriate information on rights and responsibilities; and 53 caregivers were supported with transport to health facilities for ART. A total of 1,281 OVC received treated mosquito nets from health facilities; 135 OVC received blankets and mattresses and 51 OVC received home clothes. The project supported 421 caregivers with adherence counseling while 297



caregivers were supported to disclose their status to their children and partners. A total of 524 caregivers were trained on child care and parental skills and 263 caregivers registered with health insurance plans. Other services included; 53 OVC (55% males) receiving birth certificates, TOMS shoes to 4,666 OVC (51% males); Child Rights to 342 caregivers (49% males), treatment for minor illnesses to 1,051 OVC and 5,584 eligible adults and children were reached with psychosocial support.

**Kajiado County:** During the reporting period, the project served 15,170 (99% of active OVC) with various services; 2,594 received one or two services and 12,576 received three or more services. Only 35 OVC were not monitored because 18 were newly recruited while 17 were in the final stage of transition and were exited within the quarter. The project also facilitated HTC services to 163 OVC bringing the OVC tested to 14,208 (93% of active OVC). The number of HIV positive OVC stood at 760 with linkage to care at 98%.

The project reached 11,789 OVC (50% females) with health education messages to promote health seeking behavior and good hygiene practices at the household level. Further, the project supported treatment for 26 OVC (51% females) with minor ailments, 142 (57% females) were dewormed and five were given vitamin A supplementation. MOH staff provided and administered the drugs. The project organized caregiver forums and sensitized them on NHIF and the increased level of coverage by the scheme. As a result, 38 HH were facilitated to register under NHIF and acquire NHIF cards bringing the total HH covered under NHIF to 663. Through close collaboration with the department of children services, nine HH were enrolled in the GOK Cash Transfer program bringing the total enrolled to 165 HH.

During the period, 3,144 OVC (53% females) received education on their rights and responsibilities. Two cases of child abuse were handled during the quarter. The OVC were rescued from the abusive environment and counselled while the perpetrators were prosecuted and the cases are on -going in court.

The project supported renovations for seven HH. Another 16 highly vulnerable HH were supported with short-term payment house rent benefitting 54 OVC (56% females). This has enabled the OVC to have a roof over their heads especially when their caregivers were incapacitated. Through leveraged resources, 56 OVC benefitted from home clothes donations. Further, 465 (83% females) benefitted from blankets and mattresses through leveraged sources while 8,961 received TOMS shoes.

**Laikipia County:** During the reporting period, the project served 9,754 OVC (97% of active OVC) with essential services. Among the OVC served, 6,652 OVC received three or more services while 3,102 received one or two services. However, 280 OVC were not served because 120 were in the final stages of transition while 160 had migrated in search of pasture during the drought. The project also provided shelter and care support to 6,039 OVC and these included 5,647 OVC provided with shoes. Psychosocial support was provided to 2,454 OVC. In addition, 270 OVC were supported to acquire birth certificates bringing the number with birth certificates to 4,727 OVC. A total of 46 received HTC services bringing the total number of active OVC with known HIV status to 10,010 (99.7% of active OVC). The total number of OVC living with HIV rose to 389 with 90% linked to care and treatment.

**Nakuru County:** During the quarter under review, the project served 31,296 OVC (97% of active OVC) with essential services; 13,591 received one or two services while 17,705 OVC received three or more services. A total of 993 OVC were not served due to the fact that they were recruited at the end of the quarter and data entry was not finalized by end of quarter. During the reporting period, 85 OVC acquired new birth certificates and 499 newly enrolled OVC had birth certificates



bringing the total OVC with birth certificates to 17,484 OVC (51% females) compared to 16,900 OVC reported last quarter. The number of active OVC with known HIV status stood at 29,585 (92% of active OVC); there are 1,409 active OVC living with HIV with 95% linkage to care and treatment. A total of 14,978 OVC received age appropriate information on rights and responsibilities. In addition, 22,864 OVC were mentored on communication and interpersonal relationship. Other services included psychosocial support to 14,716 caregivers, health care and referral services to 752 OVC, benefitted from shelter and care support services to 3,020 OVC including 1,913 OVC who received shoes. A total of 926 OVC HH were linked to GOK cash transfer scheme benefitting 3011 OVC. On social protection, 202 new caregivers were linked to NHIF; 1,815 HH supporting 7,425 OVC are currently enrolled to NHIF.

**Nandi County:** During the quarter under review, the project served 6,133 OVC (97% of active OVC) with essential services; 2,736 received one or two services while 3,397 OVC received three or more services. A total of 218 were not served due to family relocation. Active OVC with known HIV status stood at 5,538 (87% of active OVC); 300 of them living with HIV with 98% linkage to facilities for care and treatment.

During the quarter, 520 caregivers were trained on parental skills and supported 425 caregivers to disclose their HIV status to their children and partners. The project further reached 615 caregivers and CHVs with child rights information; supported 183 caregivers to register with NHIF and provided treatment adherence support to 380 caregivers. The project through CHVs facilitated access of 876 OVC and 60 caregivers to various facilities for care and treatment. A total of 89 OVC were rescued from abusive environment through collaboration with the local authorities. Other achievements included; 41 OVC reunited with their families; 1,120 linked to adult caregiver; 1,338 linked to support group or peer clubs and 2579 reached with age appropriate information on rights and responsibilities. In addition, 1,541 OVC received mosquito nets, 711 treated for minor illnesses, 361 received blankets, home clothes and mattresses, 2,734 OVC (51 % males) received TOM's shoes and 105 OVC (52 % males) supported to acquire birth certificates. By the end of the quarter, 2,018 OVC had birth certificates.

**Narok County:** During the quarter, the project served 11,887 OVC (99% of active OVC) with various services; 7,231 received three or more services while 4,656 OVC received one or two services. However, 95 OVC were not reached because they relocated with families in search of pasture for livestock. During the reporting period, the project provided shelter and care support to 153 OVC and psychosocial support to 6,199. The project supported 88 OVC to acquire birth certificates bringing the total number with birth certificates to 3,214. Cumulatively, 10,163 OVC (85% coverage) had known HIV status out of which 218 were HIV positive and 94% were linked to facilities for care and treatment.

During the reporting period, the project supported Naroosura QIT to conduct an end-line CSI assessment for 100 OVC who previously had participated in a baseline in September 2014. The QIT focus service area was protection. After problem analysis, they identified majority of children, their caregivers were ignorant of their rights, and responsibilities thus were susceptible to abuse. In addition, they also identified that majority of OVC did not have birth certificates. The QIT formulated and implemented change ideas that included following up pending birth certificates applications at the department offices in Narok, awareness campaigns at community level on child rights and involvement of GoK local staff in the QIT initiatives. The end-line results showed marked improvement in several domains. For instance, under abuse and exploitation only 14% of the OVC scored bad and very bad compared to 98% at baseline. In the legal protection domain, only 22% of OVC scored bad and very bad compared to 96% at baseline. The figure below is illustrative:

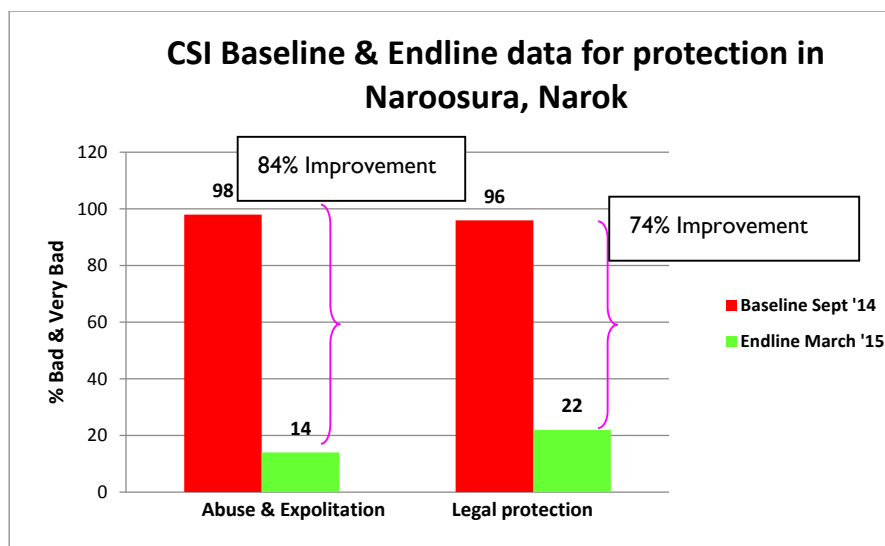


Figure 6: CSI data on protection

There were marked improvements registered in shelter and education performance domains yet these were not primary focus areas. The reasons documented by the QIT include the fact that some caregivers who participate in SILC learnt that they needed to use the resources from SILC share-outs to improve living conditions for their children. As a result, 11 caregivers managed to improve their shelters benefiting 43 OVC. They also used the funds to pay school levies and bought scholastic materials for their children. The figure below is illustrative:

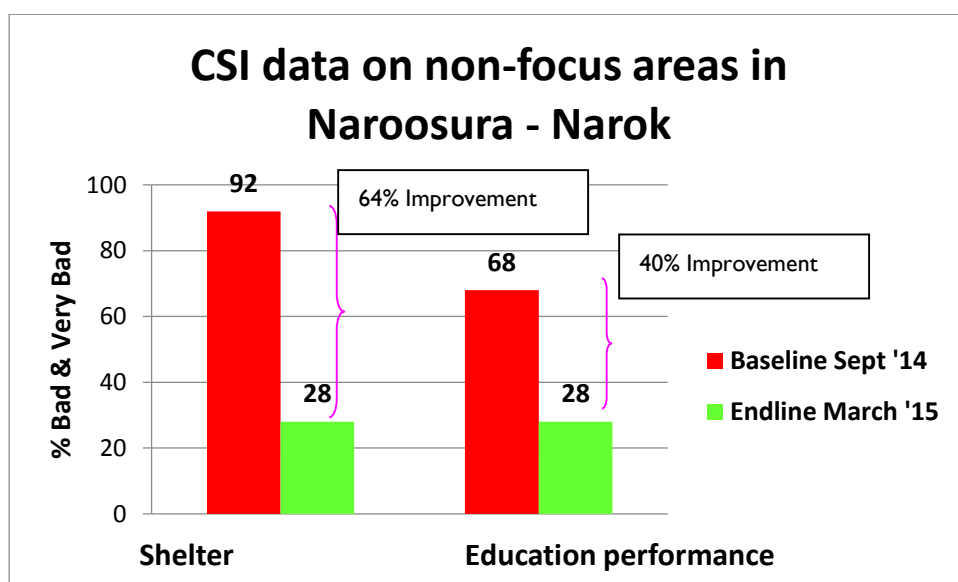


Figure 7: CSI data on shelter and education performance

#### 4.6.1 Improving the financial, managerial and technical capacity of indigenous organizations serving social and health needs of marginalized poor and underserved populations

During the reporting period, the project conducted OVC LIP performance on key program areas for 15 out of 16 LIPs using a standard OVC Supervision Checklist. The assessment sought to establish the quality of technical performance and data management across partners with a view to inform improvement actions. The process was conducted in a participatory manner, providing cross-learning opportunities for all participants. The results of the assessment indicated that 10 out of 16 sites met expectations with regard to technical performance and data management. The strategies

to address the identified gaps were discussed and improvement actions documented for every site. Efforts are in place to track progress of implementation every month while intensifying technical support for sites that fell below the threshold. During the assessment, the technical teams also followed up on the implementation of previous DQA action points in all the sites, and shared guidelines for documentation of project outcomes.

Table 5: Results of LIP program and data quality assessment

Results of LIP program and data quality assessment			
Program area	Category	% overall achievement	% overall gap
Data management and Reporting Systems	Beneficiary Records	53	47
	Data quality assurance	61	39
	Reporting Systems	65	35
	M&E	70	30
	SOPs/ Guides	85	15
	Data Analysis and Use	87	13
Program and Technical Performance	Quality Improvement	50	50
	Health/ Nutrition	52	48
	Economic Strengthening Services	64	36
	Program	68	32
	Education Services	70	30
	Supporting Role of Volunteers	79	21
	Protection Services	80	20
	Psychosocial Services	83	17

The project facilitated program performance review meetings with all the 16 LIPs. The meetings provided platform to jointly review project performance for the previous quarter. The project also facilitated capacity building for 345 (69% females) community health volunteers on OVC care and support and reporting tools (213 new CHVs). Below are detailed county specific achievements:

**Baringo County:** During the quarter, the project conducted comprehensive assessment for LIPs using a standard OVC Supervision checklist. The assessment sought to establish the quality of programming and data management across partners with a view to inform improvement actions. All the three partners with sites in the county participated in the exercise and were supported to undertake corrective and improvement measures on identified areas. The project also facilitated quarterly performance review meetings with two partners and at the county level to review performance for quarter one. In both meetings, the project teams engaged in discussions to improve on HTC coverage in Baringo Central Sub-County and the need to test all OVC with unknown HIV status across the County. The meetings resolved to intensify efforts and engagement at family level through door-to-door approach and this is beginning to yield positive results.

During the quarter, the project and the MOAF&L conducted support supervision to five support groups managing green houses. The green houses have successfully transplanted their seedlings for the second phase and are expected to start harvesting next quarter. In addition, the project collaborated with MOH to orient 18 CHVs (1 male) on pediatric growth monitoring, which will help improve assessments using MUAC tapes.

**Kajiado County:** During the reporting period, all the five LIPs participated in the County TWG meeting where they were oriented on nutritional assessment using MUAC, strengthening effective referrals systems and use of CPwP data collection forms and system. A total of 24 partner staff attended the meeting. The project facilitated quarterly program review meetings with all LIPs to discuss the progress reports for quarter one. The meetings helped strengthen partner capacity to deliver good quality reports as well as improve data use for decision-making. The project technical team also accompanied LIP staff while conducting DQAs in four sites. The findings will help improve how data is managed and improve documentation in general.

**Laikipia County:** During the quarter under review, the project carried out a comprehensive assessment for the two partners using a standard checklist and supported them to formulate improvement actions. The project facilitated refresher training on the SILC methodology for 21 partner staff and SILC agents. The training helped to enhance their understanding of the methodology and reporting, results of which will be evidenced in improved mobilization and reporting on SILC activities in the next quarter.

**Nakuru County:** During the period under review, the project conducted comprehensive assessment for five LIPs using a standard OVC Supervision checklist. The assessment sought to establish the quality of programming and data management across partners with a view to inform improvement actions. The project also facilitated quarterly performance review meetings with all the five partners. The review meetings identified gaps that needed to be addressed to ensure quality service delivery and reporting.

The project conducted training for 199 new CHVs (65% females) in Kuresoi South (52), Kuresoi North (60), Nakuru Central (13), Lower Subukia (18) and Gilgil under the newly established Kiptangwany DIC (36). The 3-day training was conducted in conjunction with MOH and DCS to re-orient them on OVC Care and support, CPwP intervention, and reporting tools. The CHVs are expected to recruit OVC during the next quarter. In addition, 31 members of LAACs were trained in Kuresoi Sub County (14) and Subukia Sub County (17). The two LAACs are expected to take lead in child protection services within their respective jurisdiction.

**Nandi County:** During the quarter, conducted comprehensive assessment for LIPs using a new OVC Supervision checklist. The assessment sought to establish the quality of programming and data management across partners with a view to inform improvement actions. All the two partners in the county participated in the exercise and were supported to undertake corrective and improvement measures on identified areas. The project also facilitated quarterly performance review meetings with the two partners and at the county levels to review performance for quarter one. The meetings emphasized on enhancing acquisition of birth certificates for OVC who did not have and efforts are underway to strengthen the role of M&E TWG in this process while also working closely with the Registrar of Births. The project also facilitated capacity building for 110 (71% females) on OVC care and support as well as reporting tools, aimed at enhancing their capacity to deliver quality services.

**Narok County:** During the reporting period, the project facilitated refresher training for 22 partner staff on report writing skills. The project also conducted comprehensive assessment for three LIPs using a new OVC Supervision checklist. The assessment sought to establish the quality of programming and data management across partners with a view to inform improvement actions. All the three partners in the county participated in the exercise and were supported to undertake corrective and improvement measures on identified areas. The project also facilitated quarterly performance review meetings with the three partners and at the county level to review performance for quarter one.

## **Lessons Learned**

- Institutionalization of data quality and data use strategies require patience and close monitoring before outcomes can be realized.
- Involvement of CHVs in RDQAs enhances the understanding of the project and the process. The involvement of all CHVs in the RDQA process at Love in Action has enabled the CHVs to understand the project better and the need for proper documentation.

## **III. ACTIVITY PROGRESS (Quantitative Impact)**

This section presents a quantitative description of the key achievements of the January to March 2015 reporting period. The tables present the basic data of key indicators in the PPMP required to assess progress toward achievement of the targets in the project. The tables for this section have been submitted separately.

## **IV. CONSTRAINTS AND OPPORTUNITIES**

### **Constraints**

Prevailing Insecurity in East Pokot and parts of Marigat Sub-counties remained the most significant challenge resulting in closure of facilities, disruption of services and therefore inconsistent report. This challenge was mitigated through late collection of reports where safety prevailed.

Facility staffs lack adequate data analysis, interpretation and presentation skills making routine data use efforts dependent on availability of project M&E staff. Data use for decision making still requires further intensified technical support both at facility and community level before its full institutionalization can be realized.

Lack of ownership of IQ system has hindered data entry, and use in some of the facilities like Ngarua HC, Ngobit HC and Nanyuki TRH.

Understaffing in some of the high volume health facilities are directly affecting the quality of data recording and reporting.

### **Changes in the Project**

During the quarter under review, the project was advised to realign with the PEPFAR Strategy of focusing on counties with high disease burden. The project intensified its activities in Nakuru County and while maintaining engagement in the other four counties of Kajiado, Baringo, Laikipia and Narok. The project also reduced the number of sites offering HIV services as follows; HTC from 479 to 311 and PMTCT sites from 420 to 242 in compliance with USAID guidelines.

## **V. PERFORMANCE MONITORING**

During the quarter under review, the project continued to engage in performance monitoring activities (monthly checklists, reporting rates of MOH 731 and 711A and data verification). The monthly checklist was administered across all counties in 90 sites. A third of these visits were made to high volume sites. Identified gaps were addressed by remedial mentorship conducted by the project multidisciplinary teams. In the reporting quarter, significant progress was made in ensuring data was correctly recorded.

A performance chart on selected indicators monitored between April 2014 and March 2015(12 months) in the project is presented in figure below. The result shows an improvement in the quality of data towards the target of a variation of  $\pm 5\%$  in the last six months compared to the first six months between April to September 2014.



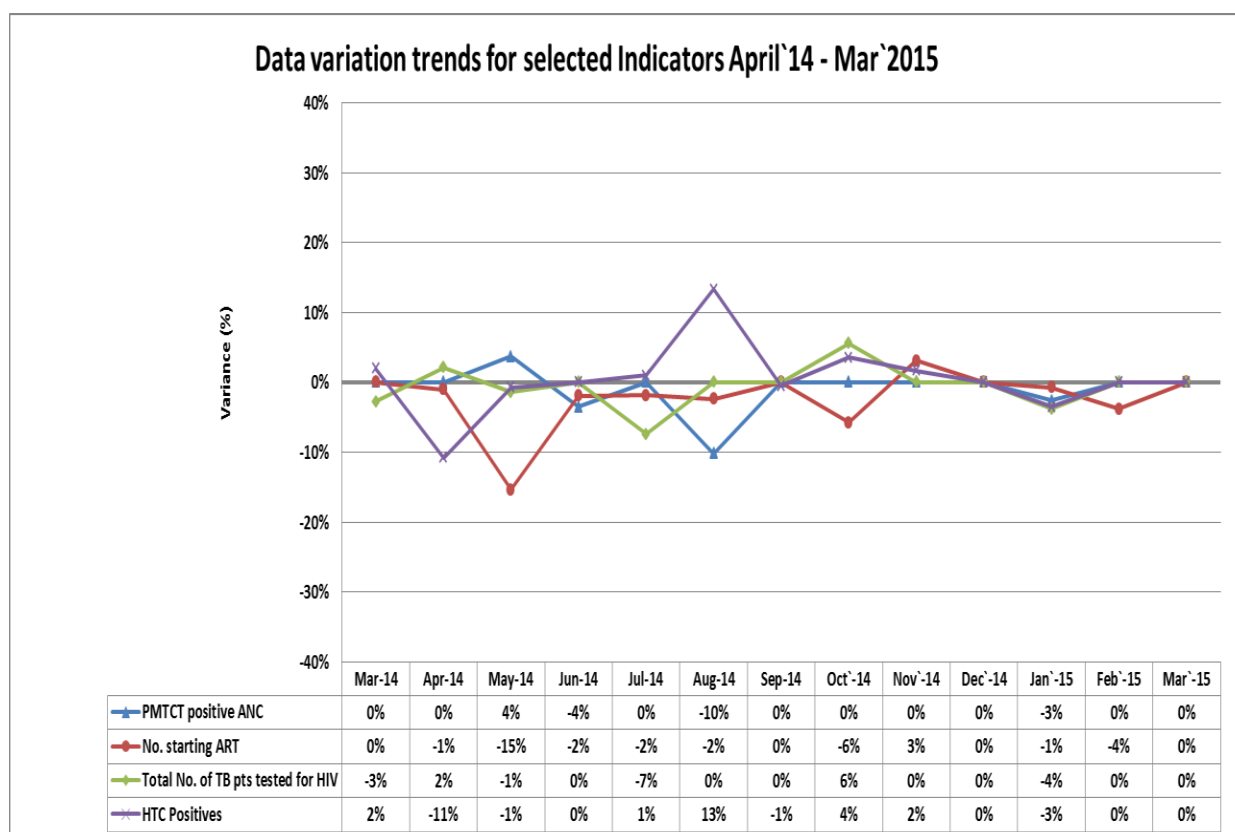


Figure 8: Performance monitoring of selected indicators

To monitor progress towards achievement of project outcomes, the project team routinely monitored the reporting rates for the different dataset from the supported counties and sub-counties. To improve the quality of data reported, the project continued to leverage on the two strategies. The Performance Reimbursement Plan (PRP) for DHRIOs, which has been running for close to three years now and the use of gap analysis tool to track missing reports. The effect of these strategies has been a marked improvement from last quarter's achievements. Using the DHIS as a benchmark, the project supported counties to continue to record high rates. This is evidenced in the figure below which depicts an improvement in MOH 731 PMTCT reporting rates.

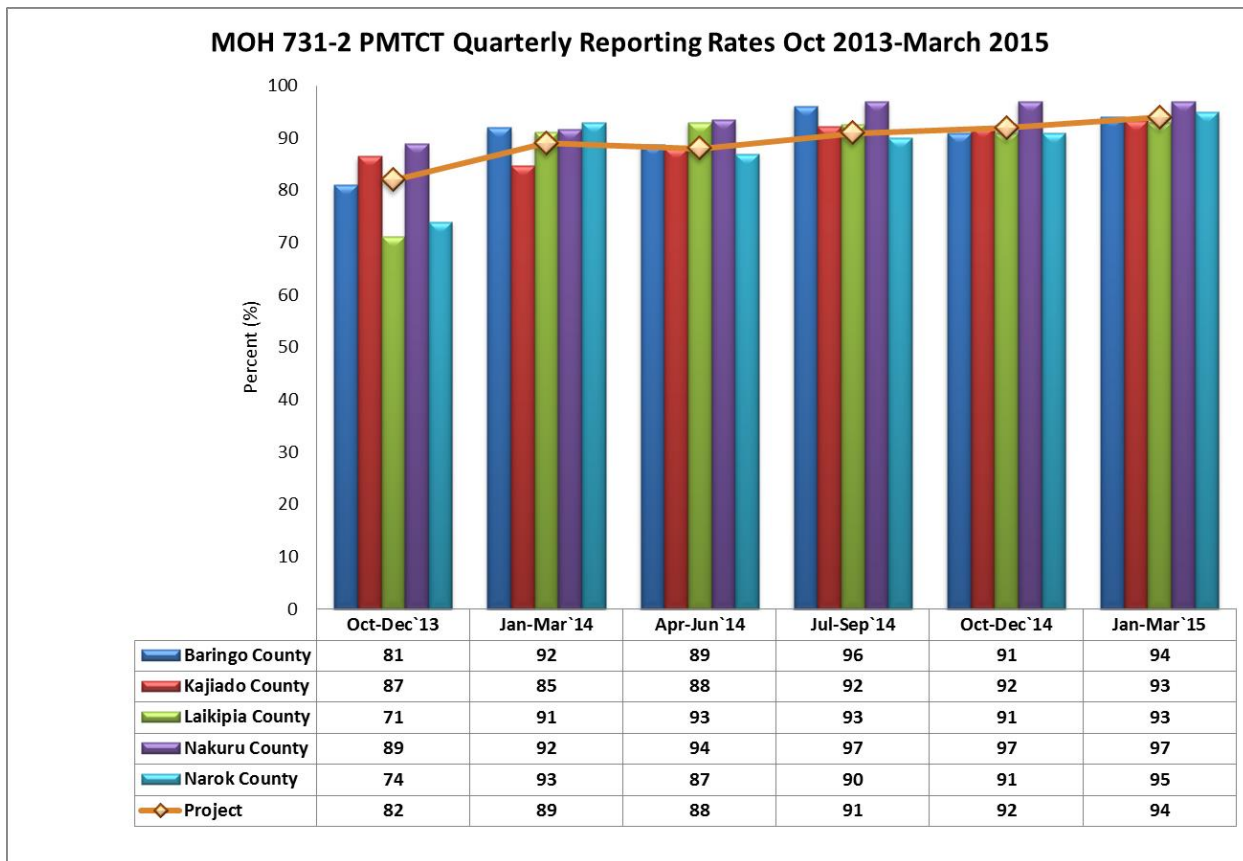


Figure 9: DHIS MOH 731-2 PMTCT reporting rates

The project continued to monitor the consistency 50 MOH 731 indicators across different data sources (DHIS and facility hard copy) to strengthen data quality between the two systems. The results show a steady increase in the last quarter of the six months reporting period (SAPR 2015). The figure below illustrates the project's performance over the last two quarters.

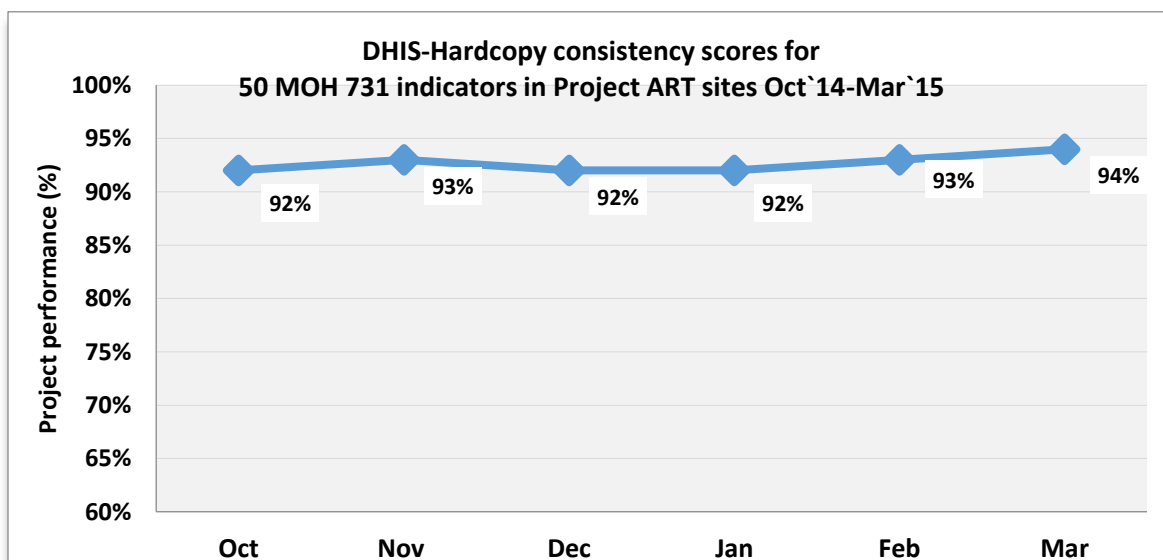


Figure 10: Consistency Scores of 50 MOH 731 Indicators on DHIS and hard copy

The performance of individual IPs was also monitored using the OLMIS reports generated and transmitted twice a month. Generally, reporting rates for the quarter increased by a single digit to 98%, with Kajiado recording a high of 100%. This commendable performance demonstrates stability in the reporting systems across all counties. The outcome is attributed to continuous mentorship, supportive supervision and prompt targeted technical support provided by project guided by standard operating procedures across the region. The use of OLMIS has equally contributed greatly to the improvement of reporting rates and data use both at IP and project level.

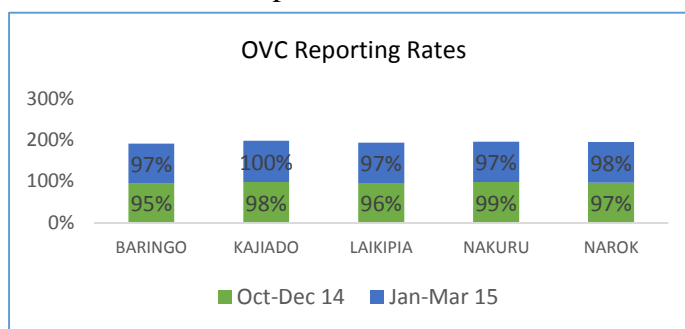


Figure 11: OVC reporting rates

In health communication the project realized an increase of 3% on key female population. There has been a significant reduction in implementation across the regions and more focus has been placed in fewer counties. The project also ceased to target fisher folks therefore reducing the number of males reached by the project. Many gains have been made towards improving the quality of data in the unit because of good data systems, which have been developed and used by the project. The systems have inbuilt data quality checks and efficient data transmission features.

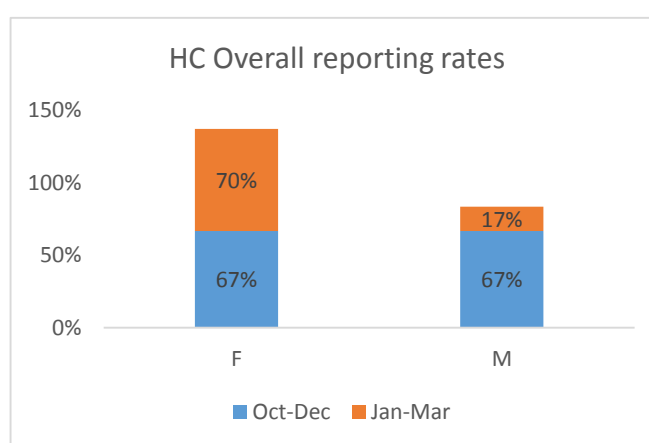


Figure 12: HC reporting rates

In relation to support supervision, the project developed an integrated tool, which encompasses SIMS and continued to use this approach to provide joint mentorship to the IPs to facilitate identification and improvement of their performance in various domains. An MIS was developed to document the outcomes for this exercise and maintain a trend analysis to demonstrate performance. See a sample of an output from the project SIMS MIS.

Table 6: SIMS MIS output

CDON			
Section	Domain	% Overall Achievement	column chart
A: Data Management and Reporting Systems	Beneficiary Records	42	<div><div></div></div>
	Data Analysis and Usage	94	<div><div></div></div>
	Reporting Systems	90	<div><div></div></div>
	Data Quality Assurance	63	<div><div></div></div>
B: Program and Technical Performance	Procedures and Policies (SOPs/Guidelines)	88	<div><div></div></div>
	Health and Nutrition Services	50	<div><div></div></div>
	Education Services	90	<div><div></div></div>
	Protection Services	79	<div><div></div></div>
	Psychosocial Services	93	<div><div></div></div>
	Economic Strengthening Services	70	<div><div></div></div>
	Quality Improvement	42	<div><div></div></div>
	Supporting Role of Community Volunteers	89	<div><div></div></div>
Average	Average	74	<div><div></div></div>

With the introduction of a

new CPWP MIS gradual improvement have been noted in the region. The IPs took some time to understand and use the system and efforts are being made to strengthen the system including data management and quality checks. Below chart shows IP performance in the two quarters.

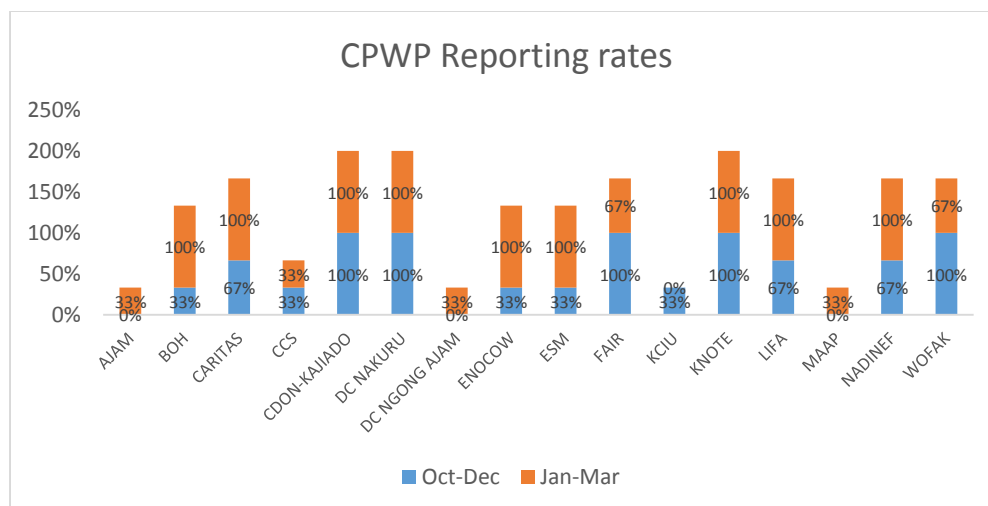


Figure 13: CPwP reporting rates

## VI. PROGRESS ON GENDER STRATEGY

The project supported SGBV activities in five counties through which 250 (93.6% female) survivors were attended to and received various services such as emergency contraception, STI screening and treatment, HIV testing and counseling, trauma counseling and referral for other services. In order to provide timely and quality services to survivors of SGBV, the project sensitized 530 (53% female) service providers on SGBV. The project also conducted support supervision to 58 facilities offering PRC services and provided feedback to facility management. Additionally, the project reached 12, 236 young women aged 15 to 24 years with information on HIV prevention utilizing Sister to Sister EBI with the aim of equipping them with knowledge and skills to negotiate for condom use. A total of 1,133 girls enrolled into the OVC program were provided with benefitted from sanitary towels to enable them manage their menstruation as well as attend school during that time.

The project continued to build social capacity in targeted communities by intensifying their participation in delivery of services. To this end, the project engaged CHVs, 70% of them women in delivery of services to the HH and community. In addition, 76% of HH heads/OVC caregivers who participated in household economic strengthening initiatives are women.

## VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

The project, in addressing environmental and waste disposal issues at facility level, conducted 11 CME at 11 facilities on infection prevention and waste management reaching 117 HCW. In addition, 17 HCWs were mentored on the same. Job aids and SOPs were distributed to 11 facilities to facilitate HCWs waste management and disposal practices.

In addition, the project provided continued to provide skills to support groups in organic farming. The project also tracked the green houses on their use of organic manure in place of chemical fertilizers and pesticides.

## VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

- **PIMA Project and Afya Info.** The project M&E team has been working closely with national mechanisms in HMIS which includes Measure evaluation PIMA project and AFYA Info in strengthening of the MOH HIS.
- **Equity Wings to Fly:** During the reporting period, the project successfully linked 25 OVC who excelled in KCPE in 2014 with Equity Wings to Fly Scholarship program.
- **Capacity Project:** The capacity project continued supporting 110 HCWs in 40 project supported sites
- **FUTURES Group:** The project engaged FUTURES group during mentorship and OJT on use of EMR, legacy data entry and use of EMR as a point of care system.
- **FUNZO:** The project linked with FUNZO and the County HMT and trained 60 service providers on the NASCOP ART training.

## IX. PROGRESS ON LINKS WITH GOK AGENCIES

The project continued to work closely with key government line ministries as follows:

- **Ministry of Agriculture, Livestock and Fisheries (MOAL&F):** During the reporting period, the project worked closely with ministry staff in conducting support supervision for 30 greenhouses and farmer groups across all counties.
- **Agriculture Sector Development Support Program (ASDSP):** The project was represented in stakeholders' meeting held in Nakuru to review progress and performance of the ASDSP.
- **Department of Children Services (DCS):** The project worked closely with the DCS staff at county level to scale up OVC activities in Gilgil, Kuresoi and Subukia. The project also financed three day's capacity building session for two LAACs in Subukia and Kuresoi South Sub-Counties. In addition, the project closely worked with Constituency Social Assistance Committees to increase enrolment of OVC HH in Cash Transfer program.
- **Registrar of Births and Deaths:** The project partnered with the sub-county registrars of births and deaths in enhancing acquisition of birth registration certificates for 623 bringing the total processed this year to 1,066.
- **Ministry of Health (MOH):** The project works very closely with the ministry in strengthening referrals through link desks, enhancing HTC uptake for OVC families and facilitating capacity building for CHVs on MUAC assessments for OVC below five years of age across the project sites.
- **Ministry of Interior and National Coordination:** The project worked with the chiefs as members of LAACs in identifying vulnerable OVC HH and linking them to various services.

## X. PROGRESS ON USAID FORWARD

There were no activities implemented during the quarter under review.

## XI. SUSTAINABILITY AND EXIT STRATEGY



During the quarter under review, the project continued to collaborate with MOH to strengthen the capacity of HCWs to delivery services. Towards this end, the project mentored 431 HCW on various technical aspects of HIV, MNCH, RH/FP and TB service provision. The project also engaged the health management teams in joint planning, implementation and monitoring of the activities. The planning involved mapping of available resources by both the project and the sub counties and/or facility HMTs to meet the identified needs. It is expected that the engagement will lead to enhanced skills among health managers to plan, implement and monitor service delivery at facility levels.

In addition, the project has continued to create linkage and relationships between implementing partners and government agencies for social and health service provision. During the quarter under review, the project linked caregivers of OVC with the department of children services and registrar of births and deaths to ensure OVC access vital registration and participate in social protection programs such as Cash Transfer. A total of 623 OVC (48% females) accessed birth certificates and 58 were enrolled in the GOK Cash transfer program. Implementing partners and communities they serve have acquired knowledge on where and how to access services.

Groups of farmers running green houses and small-scale farming have been linked to Ministry of Agriculture, Livestock and Fisheries for continued advice and technical support in agriculture and livestock rearing. The project continues to build social capital in the community, which is critical for sustainability. During the reporting period, the project supported formation of additional 69 new SILC groups and refresher training for LIP staff and Field Agents in Laikipia County. The project continued to emphasize linking OVC HHs to SILC as a means to help the moderately vulnerable HHs develop their social and economic assets for sustainability. The project supported SILC field agents to operate as private service providers in order to provide a sustainable pool providing technical support to SILC groups beyond the project.

To improve youth employability, the project trained 142 youth from OVC HH job market skills and will be placing them with potential employers for apprenticeship training and employment; 59 OVC were linked to job opportunities.

## XII. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

## XIII. SUBSEQUENT QUARTER'S (JAN-MAR 2015) WORK PLAN

Planned Activities for the Reporting Quarter (Jan - Mar 2015)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Apr - May 2015)
<b>Program Management</b>			
USAID SIMS visit in Kajiado County/project performance review	SIMS done Review not done		USAID SIMS visit in Nakuru County/project performance review
County quarterly review meeting – 5 Counties. As well as LIP performance Review	Done		County quarterly review meeting – 5 Counties. As well as LIP performance Review
Prepare for end term evaluation, provide all necessary information to IBTC	Done		Support 1 <sup>st</sup> Lady beyond zero mobile clinic launch/handing over in Nakuru County
Partner Sub Agreement amendments	Done		Obligation Amendments
<b>Monitoring and Evaluation</b>			
Conduct monthly data quality checks at 50 high volume sites	M&E checklists administered in 56 facilities	Competing activities/task (SIMS, EMR.)	Conduct monthly data quality checks using the standard data quality checklist/SIMS to 60 facilities.
Facilitate MOH staff to conduct monthly mentorship.	Done		Facilitate MOH staff to conduct monthly mentorship.

Planned Activities for the Reporting Quarter (Jan - Mar 2015)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Apr - May 2015)
Conduct monthly data reviews and use gaps to provide mentorship to IP staff and CHV	12 data review meetings were done		Facilitate monthly data reviews in 18 OVC/PWP and 5 HC IPs and use gaps to provide targeted mentorship
Continue mentorship for service providers and LIP staff in recording, reporting and use of data	Mentorship on recording and reporting was provided to 413 HCW and 958 CHV trained on new F1A & F1B		Provide mentorship to service providers and staff at 18 OVC/PWP and 5 HC LIP in recording, reporting and use of data.
Conduct monthly data review of DHIS and MOH 731 data for all sites and ensure consistency	Visited 150 facilities for support and mentorship, Done for the quarter		Conduct monthly gap analysis at sub county level with emphasis on identifying gaps in MOH 731 and DHIS2 data and develop action plans
Promote use of EMR as a point of care system and for monthly reporting in 23 facilities	15 facilities already using EMR as point of care	Data entries not complete in some facilities due to delay in legacy data entry.	Promote use of EMR as a point of care system from 15 to 32 facilities.
Mentorship of EMR users and training on data use	108 staff mentored on EMR in 58 sites		Continue to Provide mentorship to 55 EMR sites and training to HCP as need arises.
Conduct DQA EMR sites that have completed entry and support use of system as POC	EMR DQA conducted in six (11) facilities. Data entry ongoing in 34 facilities.		Conduct EMR DQA in sites
Monitor availability of tools and support MOH in distribution and dissemination to facilities and implementing partners	14309 assorted HMIS tools		Continue to monitor availability of tools distribution and dissemination
Monitoring the availability of tools and support MOH in distribution and dissemination to facilities and implementing partners	219 Form 1A and 185 Form 1B were distributed across the five counties to ensure availability of tools		Monitoring the availability of tools and support MOH in distribution and dissemination to facilities and implementing partners
Conduct DQA at IP level using a standard tool	DQA conducted to 15 LIPs		Conduct DQA at 18 OVC/PWP and 5 HC LIP using a standard tool
Promote data use for decision making at facility, county and community level	Partially done 3 CMEs on data use done in Mashuru HC, Namanga HC and St. Theresa Dispensary	Competing activities (SIMS, Baseline data, EMR RRI.)	Support quarterly progress review meetings community and facility level
Improved skills in data recording, reporting and use for decision making	DHRIOs were supported in use of DHIS2.		Improved skills in data recording, reporting and use for decision making
Build the capacity of existing M&E TWG at county and IP level in data analysis and use	Done		Support county and IP M&E TWG meetings
Follow up SIMS findings and action plans to address identified gaps	Done in five facilities. (Kitengela HC, Kabarnet DH, Marigat SDH, Nakuru PGH and Kajiado DH)		Follow up SIMS findings and action plans to address identified gaps
			Facilitate data use in 18 OVC/PWP IP through standard performance charts
			Conduct community supportive supervision to 18 OVC/PWP and 5 HC IPs using integrated SIMS tool
<b>Health Communications</b>			
<b>MARPS/KP</b> Handover of Naivasha and Narok sites to the identified LIPs	Completed		Service delivery through DICs under implementing partners
Service delivery through DICs in Nakuru County	Ongoing		Integrated outreaches to hotspots
			RRI on service delivery in Naivasha and Narok
<b>Youth program</b> Conduct S2S sessions	Sessions conducted		Conduct S2S sessions
Planning meeting with S2S facilitators	Done		Support supervision

Planned Activities for the Reporting Quarter (Jan - Mar 2015)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Apr - May 2015)
Remapping and mapping of new sites	Done		Strengthen data collection and reporting
Conduct S2S sessions	Done		Documentation
Support supervision	Done		Integrated outreaches
<b>OVC/ Social Determinants of Health</b>			
Facilitate support supervision and mentorship on record keeping to 30 greenhouses	Done and continuous		Technical support to greenhouses
Monitor implementation of value chains activities in Nakuru county	Done		Monitor implementation of value chains activities in Nakuru county
Continue monitoring market linkages for farmer groups across six counties	Done		
Support LIPs to register all PLHIV receiving CPwP messages in CPwP MIS	Done		Follow up on CPwP client registration with all LIPs
Support 18 LIPs to conduct organizational self-assessment	A rapid self-assessment done by Program Development team		Conduct focused assessment using OVC Supervision Checklist
Provide mentorship to 20 QITs in six counties	Done		Provide mentorship to 20 QITs in six counties
Conduct HTC for 50% of OVC with unknown HIV status	Done for 354 OVC as per OLMIS	Complete data had not been entered in OLMIS	Ensure 95% HTC coverage for active OVC
Transition 30 SILC FAs into Private Service Providers Conduct follow on HHVA	Not done	Deferred to a later date due to project evaluation	
Train 25 support group members on CPwP (selected from all counties except Nandi).	Not done	Planned for May 2014	Train 25 support group members on CPwP (selected from all counties except Nandi).
Facilitate M&E TWG meetings in all six counties	Done		Facilitate M&E TWG meetings in at least four counties
Hold meetings with LIPs to discuss project transition process	Done		Strengthen partner capacity on OVC transitioning
Support dissemination of National PSS Guideline	Not Done	Awaiting final document	Pre-test for the PSS Guideline in Nakuru
			OVC recruitment in Nakuru County
			Support project evaluation exercise
			LIP Coordinators' meeting to discuss quality improvement strategies in technical performance and data management.
			Procurement and distribution of re-usable sanitary towels
			Distribution of TOM's shoes
			PMT Review meetings
			LIP Quarterly performance review meetings
			Support DCS to convene Children's Assemblies
			Support celebrations to commemorate World Orphans Day
			Support celebrations to commemorate Day of the African Child
<b>Clinical Services</b>			
Review JWPs in all the five Counties	Done		Continue Clinical mentorship in all the 113 ART/272 facilities PMTCT sites
Conduct joint TQAs in 12 ART sites with sub-county teams	Not done	Competing priorities with the County teams, rescheduled to next quarter	Continue with sensitization of service providers in supported sites on the new ARV/PMTCT guidelines
Intensive Clinical mentorship in Nakuru County and priority ART facilities in the other four counties Provide mentorship for implement	Ongoing		Conduct joint TQAs in 12 ART sites with sub-county teams

Planned Activities for the Reporting Quarter (Jan - Mar 2015)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Apr - May 2015)
the revised ART guidelines			
Conduct TB/HIV collaboration/Genexpert CMEs in 15 more ART sites	Done in 10	Competing priorities in some of the Counties	Conduct TB/HIV collaboration/Genexpert CMEs in 10 more ART sites
Conduct analysis of all suspected and confirmed cases of treatment failure, provide feedback to the facilities for appropriate management	Ongoing		Strengthen patient monitoring and retention in supported facilities
Facilitate County TWGs on eMTCT and Commodity security	On going		Strengthen use of Electronic Medical Records (EMR) as a point of care system
Sensitize Naivasha/Gilgil Sub-county HMTs on QI	Not done	USAID ASSIST did not get funds to support the activity	Support counties on the eMTCT agenda
Support training of 60 HCWs in Kajiado & Laikipia on QI	Not done	Trainings Pending	Review performance of all the 15 QITs established last year and provide necessary feedback
Review performance of all the 15 QITs established last year and provide necessary feedback	Not done	Not done due to competing activities. Scheduled for next quarter	Support the end line BEMONC assessment in Narok and Baringo counties
Scale up BeMONC in two priority Counties (Narok & Baringo)	Ongoing		Support establishment of County nutrition information working group and/or integrate nutrition in the existing County and/or facility data review meetings
Provide support for timely, online reporting of commodities	ongoing		Continue supporting nutrition services and commodity data DHIS-2 reporting sensitization for sub – County and facility HRIOs
			Continue supporting private providers in offering quality HIV services and get access to ARVs
			Continued support for SGBV and post rape care interventions within health facilities and community

## XIV. FINANCIAL INFORMATION

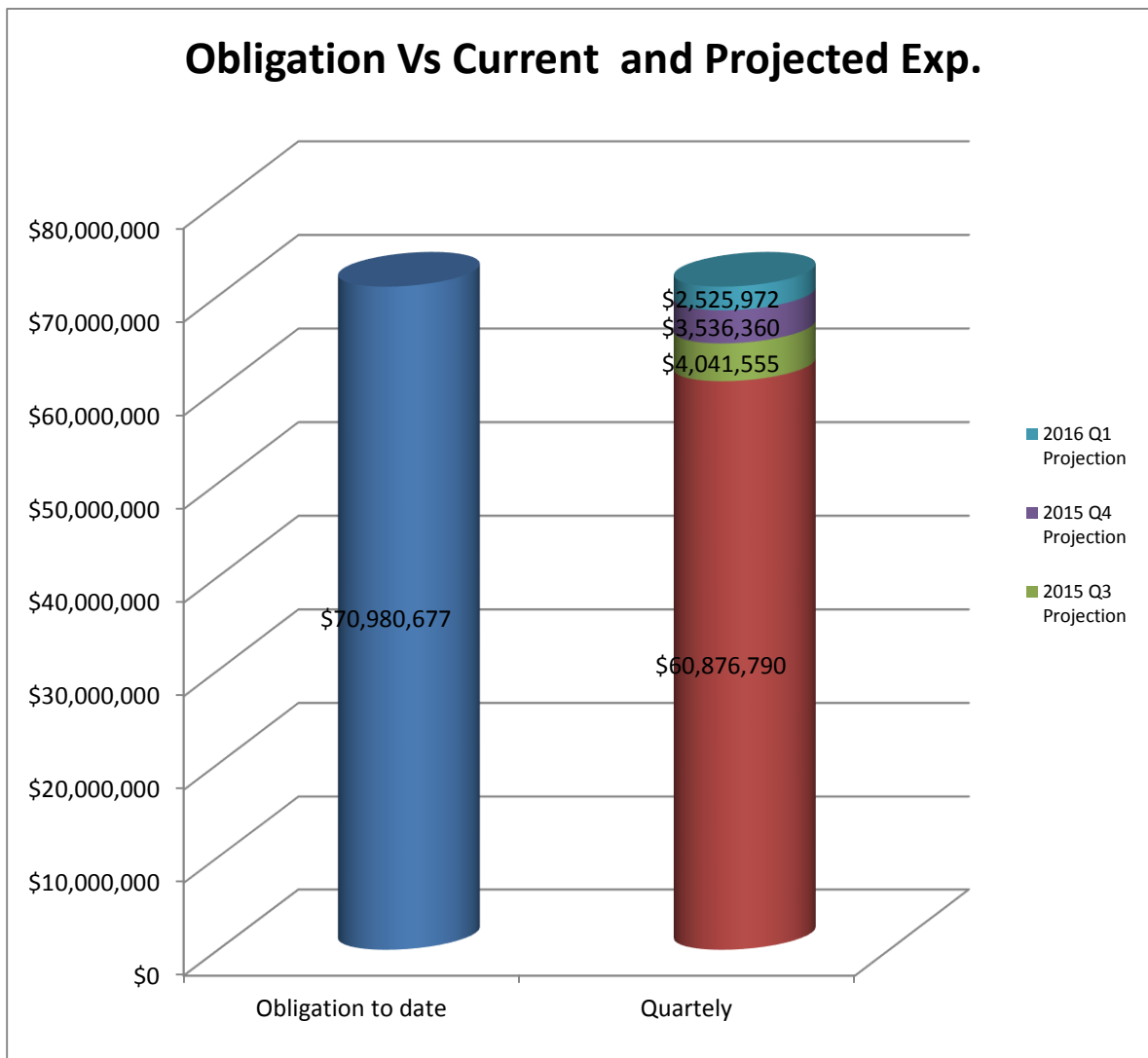


Figure 14: Obligations vs. Current and Projected Expenditures



**Table 7: Budget Details**

T.E.C: \$ 70,980,677

Cum Oblig: \$70,980,677

Cum Expenditure: \$ 60,876,790

Table 7: Budget details

Obligation	2011-2015 Q2 Actual Expenditures	3rd Quarter- 2015 Projected Expenditures	4rd Quarter- 2015 Projected Expenditures	1 <sup>st</sup> Quarter 2016 Projected Expenditures
<b>70,980,677.00</b>	<b>60,876,790</b>	<b>4,041,555</b>	<b>3,536,360</b>	<b>2,525,972</b>
<b>Salary and Wages</b>	10,036,290	780,647	683,066	487,904
<b>Fringe Benefits</b>	2,598,260	234,160	204,890	146,350
<b>Travel, Transport, Per Diem</b>	1,112,243	47,486	41,550	29,679
<b>Equipment and Supplies</b>	536,539	49,168	43,022	30,730
<b>Subcontracts</b>	0	0	0	0
<b>Allowances</b>	0	0	0	0
<b>Participant Training</b>	0	0	0	0
<b>Construction</b>	0	0	0	0
<b>Other Direct Costs</b>	9,786,570	1,045,958	915,213	653,724
<b>Sub-grants</b>	27,411,057	1,116,783	977,185	697,990
<b>Overhead</b>	0		0	0
<b>G&amp;A</b>	9,395,831	767,352	671,433	479,595
<b>Material Overhead</b>				
<b>Total</b>	<b>60,876,790</b>	<b>4,041,555</b>	<b>3,536,360</b>	<b>2,525,972</b>

**Budget Notes** (Listed below are assumptions, major changes, estimations, or issues intended to provide a better understanding of the numbers)

<b>Salary and Wages</b>	Salaries for the coming quarter will remain the same.
<b>Fringe Benefits</b>	Fringe benefits will remain same as salaries
<b>Travel, Transport, Per Diem</b>	Travel expenses will increase with accelerated activities in the quarter.
<b>Equipment and Supplies</b>	No major equipment is to be purchased in the next quarter.
<b>Subcontracts</b>	
<b>Allowances</b>	

<b>Participant Training</b>	
<b>Construction</b>	
<b>Other Direct Costs</b>	The level of expenditures will increase as we anticipate additional obligation.
<b>Sub-grants</b>	Most of the implementing partners sub agreements will lapse in May 2015 and will be modified to extend the period of performance.
<b>Overhead</b>	
<b>G&amp;A</b>	Calculated as per Award conditions.
<b>Material Overhead</b>	

## **XV. ACTIVITY ADMINISTRATION**

### **Constraints and Critical Issues**

Whereas the project continues to involve the MOAF&L Extension Workers in supporting greenhouse-farming activities, the results from the follow-up made in Laikipia paint a negative picture. In some cases, they have issued contradictory instructions to groups in the absence of the project technical staff, a situation that affected the greenhouses. However, efforts have been made to address the situation.

Lack of ownership of IQ system has hindered data entry, and use in some of the facilities like Ngarua HC, Ngobit HC and Nanyuki TRH.

## **XVI. INFORMATION FOR ANNUAL REPORTS ONLY**

## XVII. GPS INFORMATION

Implementing Mechanism/ Activity	Task	Activity Name	Implementing Partner	Sub-Awardee	Amount	Start Date	End Date	Nationwide?	Location	Admin 1 (County)	Longitude	Latitude	Precision Code	Admin 2 (Constituency)	Admin 3 (Location)	Admin 4 (Sub location)	Admin 5 (Town/Village)
APHIAplus Rift Valley Project	OVC Care and Support, Prevention with MARPS, addressing other social determinants of health	OVC Care and Support, Prevention with MARPS and fisher folk, addressing other social determinants of health	FHI360	Family AIDS Initiative Response (FAIR)	\$2,819,928.00	1/1/2011	10/31/2015	N		Nakuru	-0.287199	36.05953					
APHIAplus Rift Valley Project	OVC Care and Support, Prevention with fisher folk, addressing other social determinants of health	OVC Care and Support, Prevention with Fisher folk, addressing other social determinants of health	FHI360	Kenya National Outreach Counselling & Training Program (K-NOTE)	\$1,601,693.00	1/1/2011	10/31/2015	N		Nakuru	-0.701929	36.43369					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Kenya Council of Imams and Ulamaa (KCIU)	\$651,038.00	1/1/2011	10/31/2015	N		Baringo, Nakuru	-0.292487	36.05626					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Deliverance Church, Nakuru	\$428,714.00	1/1/2011	10/31/2015	N		Nakuru	-0.273177	36.11380					

APHIAplus Rift Valley Project	Addressing food and security interventions amongst OVC/PLHIV households	Addressing food and security interventions amongst OVC/PLHIV households	FHI360	Self Help Africa (SHA)	\$428,653.00	4/16/2012	09/30/2015	N		Baringo Kajiado Laikipia Nakuru Narok	-0.30342	36.07522 2					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Women Fighting AIDS in Kenya (WOFAK)	\$752,722.00	3/1/2012	10/31/2015	N		Baringo Nakuru	-0.293744	36.05874					
APHIAplus Rift Valley Project	Prevention with young women at risk of HIV	Prevention activities with young women at risk of HIV in institutions of higher learning	FHI360	I Chose Life - Africa	\$423,275.00	1/1/2011	09/30/2015	N		Laikipia Nakuru Narok	-0.369713,	35.93585					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	LIFA CBO	\$464,195.00	1/1/2011	10/31/2015	N		Laikipia	0.015246	37.07355					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Caritas Nyeri	\$706,237.00	1/1/2011	10/31/2015	N		Laikipia	0.019302	37.08340					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Maa Partners Initiative (MAAP)	\$525,357.00	1/1/2011	10/31/2015	N		Kajiado	-1.576853	36.80489					

APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Evangelizing Sisters of Mary (ESM)	\$473,535.00	1/1/2012	10/31/2015	N		Kajiado	-1.392730	36.74280					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Catholic Diocese of Ngong	\$977,681.00	1/1/2011	10/31/2015	N		Kajiado Narok	-1.370782	36.65283					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Beacon of Hope	\$559,616.00	1/1/2011	10/31/2015	N		Kajiado	-1.394504	36.76305					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Apostles of Jesus AIDS Ministries (Ngong Hills Cluster)	\$605,912.00	8/1/2012	10/31/2015	N		Kajiado							
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Mother Francisca Mission Maternity Health Care (MFMMHC)	\$480,184.00	1/1/2011	10/31/2015	N		Baringo/ Nandi	0.201934	35.08451					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Christian Community Services (CCS)	\$919,008.00	1/1/2011	10/31/2015	N		Baringo	0.491536	35.75472					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social	OVC Care and Support, addressing other social	FHI360	ENOCOW (Enaitoti Naretu Olmaa Coalition for Women)	\$496,369.00	1/1/2011	10/31/2015	N		Narok	-1.09078	35.87255					



	determinants of health	determinants of health															
APHIA <sup>plus</sup> Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	NADINEF (Narok District Network Forum)	\$1,102,221.00	1/1/2011	10/31/2015	N		Narok	-1.09078	35.87255					

## **XVIII. SUCCESS STORIES & PREP SHEETS**

Teresia Hamisi is a 32-year-old women living with HIV in Ongata Rongai township, Kajiado County. She is enrolled for care and treatment at Dream Centre, a clinic for HIV patients run by Little Sisters of Charity, under the Catholic Diocese of Ngong.

When social workers visited her home in Kware slums, they were shocked at the deplorable condition of the one-roomed house in which Teresia lived with her ailing younger sister, who is also HIV-positive, and two other relatives.

The place was dirty and infested with rats. The younger woman, who had a day earlier been discharged from hospital, lay on a pile of unwashed clothes. The rest slept on a straw mattress strewn on the dirty earthen floor.



Her case was brought to the attention of Evangelizing Sisters of Mary (ESM), a local implementing partner in APHIAplus Nuru ya Bonde project. In October 2013, the household received bedding. Social workers contacted the public health department, which sent officers to fumigate the dwelling and surrounding area to get rid of rats and other pests.

ESM volunteers mobilized neighbours to clean and renovate the house using iron-sheets and timber bought with project support.



This timely intervention has given the two sisters renewed hope.

Outreach workers regularly visit the household to encourage them to live positive and dignified lives.

### **Nakuru: Orphan finds path to self-reliance through rabbit farming**

George Ndungu Gitari was enrolled for USAID support in 2010, soon after his parents died. He was then in Class 6 and living with his grandmother, an aunt and two nieces.

Today, George is 18 and in Form 3. He still lives with his grandmother. However, a lot has changed. George has grown into a confident young man, thanks to psychosocial support from social workers and volunteers attached FAIR, an implementing partner in APHIAplus Nuru ya Bonde project.

John is also learning to be an entrepreneur. After attending a financial literacy training for youth program, George decided to try his hand in rabbit farming.

He his first rabbit for 300 in February 2014. The rabbit bore six bunnies that he continued to rear. Six months later, the rabbits had multiplied to 30. He sold 20 rabbits, earning a clean 6,000 shillings.

He used 3,000 to buy school shoes and sweater. The rest he gave his grandmother for the family's expenses.

Later he sold six of the remaining 10 rabbits for money to buy school textbooks.

As he watches his breeding stock continue to multiply, George is confident he will raise enough money to pay his school fees and help his grandmother with household expenses.

The boy is now self-reliant as he can take care of most of the school requirements without relying on support from the project.



*George with his rabbits in Ol Rongai*

## **XIX. Annexes and Attachments**

### **Annex I: Schedule of Future Events**

DATE	LOCATION	ACTIVITY
7 <sup>th</sup> May	<i>Baringo, Kajiado, Laikipia, Nakuru, Narok</i>	<i>World AIDS Orphan Day</i>
16 <sup>th</sup> June	<i>Baringo, Kajiado, Laikipia, Nakuru, Narok</i>	<i>Day of the African Child</i>

### **Annex II: Lists of Deliverable Products**

The following list of factsheets were printed and distributed to target audience who include CHVs, PLHIVs, Couples, expectant mothers, and the general community;

- a) Care and treatment factsheet
- b) Diarrhoea factsheet
- c) Family planning factsheet
- d) PMTCT factsheet

The soft copies of these factsheets are attached separately to this report.



Edited%20fact%20s  
heets.zip

### **Annex III: SIMS Update**

This section is separately attached to this report.